



UNIVERSITY OF
SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

Pillar 3 Student Handbook

Class of 2022
2021-2022

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Welcome

Congratulations on completion of Pillar 2 and welcome to Pillar 3!

By now you have established a solid foundation of clinical knowledge and skill in every specialty. Over the next sixteen months you will have the opportunity to hone those skills and prepare yourself for residency and beyond.

Pillar 3 is flexible by design – we want you to have the freedom to build a curriculum that will serve you and allow you to continue to grow as a learner. This flexibility means that the rigor and yield of this year is chiefly determined by you. Put another way, you will get out of this experience what you put in.

The cornerstone of your Pillar 3 year is your Sub-Internship. The specifics of your Sub-Internship may look quite different depending on what specialty you are choosing, but the philosophy of the Sub-Internship will be the same across specialties: this is your time to step into the shoes of an intern. To get the most out of your Sub-Internship, take ownership of your patients' care.

You should seek opportunities to grow by:

- Getting to know your patients and families and seeking to understand the journey that brought them to the hospital bed.
- Becoming familiar with the skills of other members of the medical team: therapists, nurses, pharmacists, social workers and patient care technicians.
- Asking your attending if you can be the "first call" to nurses.
- Seeking out the radiologist to discuss imaging results.
- Taking time to read about important clinical questions that came up throughout the day so you can fully learn from your patients and attendings.

When you start as a resident physician, your attendings will be looking for a robust fund of clinical knowledge but also for the softer skills we hope you cultivate during your sub-internship. At this stage in your education, every element of your patient's care is a learning opportunity.

Pillar 3 is also a time to explore elective opportunities in the humanities, bioethics and health policy. Now more than ever, we need physicians to serve as leaders and advocates. The COVID 19 pandemic has underscored our country's fragmented approach to healthcare. Our current system is riddled with challenges – inequity, inefficiencies and lack of patient centeredness. We want to prepare you to make a difference in the lives of your individual patients but we also want you to be equipped to innovate and change systems so you can improve the health of communities as well.

If you have questions or need help along the way, please do not hesitate to reach out. The faculty/staff in the Office of Medical Education and Department of Student Affairs are fully invested in both your training and wellbeing. We want to help you succeed in whatever way we can.

Sincerely,

Jennifer Hasvold, MD

Pillar 3 Director

University of South Dakota Sanford School of Medicine

Jennifer.Hasvold@usd.edu

Contact Information

- Updated contact list can be found under the Handbook, Scheduling, Forms & Resource Links module.

Competencies

- Updated SSOM Medical Student Competencies can be found under the Handbook, Scheduling, Forms & Resource Links module.

Calendar (2021-2022)

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

Overview

- Pillar 3 consists of the last 16 months of medical education containing 16 required credits, 35 elective credits, and 14 vacation/flexible weeks.

Scheduling

- Students can view and update their schedule on the [online scheduler](#).
- Department assistant will contact students two weeks prior to the rotation start date with directions and/or contact information for the first day.
- Schedule changes should be made 15 working days prior to the start of a rotation.
- Restrictions:
 - Required rotations must be completed prior to week 60.
 - Maximum of 24 credits can be completed in each discipline
 - Maximum of 16 extramural credits can be completed.

Important Dates

- Updated important dates can be found on the D2L calendar, online scheduler, and the medical student career advising resources site.

Residency and Career Planning

- Updated resources can be found on D2L under the Residency and Career Planning module.

Student Advisors

- While the competency committee may serve in an advisory role, students also have the option to select an advisor in their area of interest.

Handbooks and Syllabi

- Refer to each department's module on D2L for further details & requirements.

Learning Issues

- Identifying and addressing learning gaps is a critically important skill for lifelong learning. Identifying learning issues can help students direct their own learning, develop clinical reasoning, and better understand key concepts. In addition to the small group process, students are asked to develop learning issues in the clinic or hospital during direct patient care. Students

should independently research the identified learning issues utilizing appropriate resources (appropriate on-line resources and other faculty) and present the findings at the next clinical encounter with their preceptor.

- Students should be able to identify their own learning issues but may need some guidance from the preceptor. One or two learning issues are appropriate for a 2-4 hour clinic session. Following are some key components of learning issues.
 - Relevant to a patient case
 - Related to the course or clerkship objectives
 - Specific and answerable
 - Clearly stated so that both student and preceptor understand the goal

Professionalism

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

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

Electronic Medical Record (EMR)

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

Requirements

# Required Courses		
2	SURG 764 Surgery Specialties	2 weeks (separate rotations)
1	FAMP 823 Emergency Room	3 weeks
1	Sub-Internship (MEDC, FAMP, OGYN, PEDS, PTRY, or SURG)	4 weeks
1	FAMP 810 Rural Family Medicine	4 weeks
1	Transition to Residency	1 week (March 21-25, 2022)
	Total	16
# Elective Courses		
35	Elective courses	35 weeks
	Total	35

# OTHER DOCUMENTS/ACTIVITIES		
2	Check-In Form	Email from Education Coordinator
1	IPE	TBD
1	Professionalism Paper	D2L

Student Patient Experience Log (SPEL)

- Similar to Pillar 2, there are required SPEL activities in your **required** rotations. You can access these requirements via the same platform as Pillar 2, by selecting Pillar 3.
- SPEL allows students to maintain a log of patient encounters during medical school located in One45.
- An experience is any meaningful interaction with a patient in which the student directly participates in patient care. As long as each encounter is “meaningful” and occurs on a new day, log a new entry in SPEL.
 - For example, if you round for 3 days on a patient admitted for an acute myocardial infarction and write a note for each day, this is counted as three separate SPEL entries. Likewise, if you see a diabetic patient in clinic every 3 months for a total of three times, and you participate in each encounter, this is counted as 3 separate SPEL entries. Patient encounters like this may occur with hospital, clinic, or panel patients.
- Medical students are starting a documentation process that will continue throughout medical school, residency, and in practice. Medical students document in SPEL so that:
 1. Students can maintain a listing of medical problems they have encountered.
 2. Medical schools can monitor the curriculum. The SPEL logs will be reviewed at the competency committee meetings to monitor student progress in the curriculum. It is also required by the Liaison Committee on Medical Education (LCME), the body that accredits medical schools.
- The SPEL data will provide an ongoing record of the student’s experience in medical school. This allows the student to assess areas of more or less exposure and validate experience when preparing for residency application and interviews.
- Students should enter SPEL data promptly after seeing a patient. One45 can be accessed remotely from any computer or mobile device. Alternatively, students can make entries on a paper note card during the day and do their computer entry at the end of the day.

- It is essential that students make this a habit to document daily your experiences so that you can carry these habits into residency training and beyond as a future physician.
- **Document patients in SPEL for any of the following examples:**
 - Performed a completed H&P and completed an audit
 - Participated in a medical procedure or surgery
 - Participated in obtaining a significant focused part of the history (Adult, pediatric or newborn), and/or:
 - Discussed the differential diagnosis or diagnostic plan
 - Contributed to the discussion of a management plan
 - Counseled a patient regarding the management plan
 - Participated in performing a focused part of the physical exam (Adult, pediatric or newborn), and/or:
 - Discussed the differential diagnosis or diagnostic plan
 - Contributed to the discussion of a management plan
 - Counseled a patient regarding the management plan
 - Post-operative/post-partum visit
- **Do NOT document in SPEL for the following examples:**
 - Heard about another student's patient on rounds
 - Discussed a patient in Small Group
 - Listened to a patient present their story to a large classroom
 - Followed your attending in a clinic or hospital but did not actively examine or participate in that patient's diagnostic or therapeutic plan
- *What gets recorded on SPEL?:* Within SPEL, there is both an encounter (diagnosis) log and a procedure log. Some patients will be entered into SPEL simply as a diagnosis, e.g. a child with strep pharyngitis. Other patients may qualify as both a diagnostic encounter and as a procedure, e.g. a patient with colon cancer who undergoes a colon resection. To protect confidentiality, the patient's name, birthdate or record number should not be entered into the log. Instead, enter the date of the encounter, supervising physician, age range, gender, whether the patient has been seen previously, the setting (clinic, hospital, ER), whether this is a panel patient, the patient's diagnosis(es) or presenting complaint, the level of participation (observed or participated). Students may also enter a brief note about the encounter and identify ethical issues, if applicable. The procedure log is similar in format.

Check-In Forms

- As a way to ensure you are getting the best experience out of Pillar 3, your campus education coordinator will email you a "check-in" survey to complete two times a year.
- The education coordinator will receive this form and review it prior to the Competency Committee meeting.

Inter-Professional Experience

- Completing one Inter-Professional Experience (IPE) is a requirement in Pillar 3. Students will not receive a formal grade for this exercise, rather a summative evaluation that will be discussed by the Competency Committee.
- We anticipate this will be an in person activity that can be scheduled starting in the summer of 2021 but more information will be forthcoming.

Professionalism Paper

- Completing the professionalism paper by October 15, 2021 is a requirement in Pillar 3. Students will not receive a formal grade for this exercise, rather a summative evaluation that will be discussed by the Competency Committee.
- The purpose of the professionalism paper is for students to describe and reflect on their clinical experiences and growth relating to professionalism. Papers also provide students an opportunity to demonstrate their understanding of professionalism domains. Selected faculty and campus deans who read the papers are afforded a glimpse of the clinical experiences and learning environment provided to students from the perspective of professionalism.

Transition to Residency Course

- The one-week requirement in Pillar 3 scheduled for March 21-25, 2022. The goal of the course is to increase confidence as you transition to residency. The course is applicable to all specialties and includes a variety of topics such as introducing milestones, individualized learning plans, common intern pages/responses, consultation skills, financial counseling, debt management, malpractice, residency wellness, reflective writing capstone, journal club, morning report presentations, graduate questionnaire completion, and incorporation of an OSCE-like exercise (challenging patient, communicating a medical error, IPE, etc).

Assessment, Evaluation, Grading and Appeals

Assessment Scales

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

Pillar 2

100% - Student met objective independently; Student is performing at the level of graduating 4th year student. (exceptional)

92% - Student was able to meet the objective independently with minimal prompting by attending; performing at the level of an Pillar 3 sub-internship student. (above expectations)

84% - Student needed assistance to meet objective; student is at the level of an average Pillar 2 student. (satisfactory)

Pillar 3

100% - Student met objective independently; Student is performing at the level of a first year resident. (exceptional)

88% - Student was able to meet the objective independently with minimal prompting by attending; performing at the level of a graduating 4th year student. (above expectations)

78% - Student needed assistance to meet objective; additional practice is needed to meet the expectations of a graduating 4th year student. (satisfactory)

76% - Student required significant assistance to meet objective; Additional practice is needed to meet the expectations.
(Satisfactory)

68% - Student required significant assistance to meet objective; major concerns exist and significant remediation is required.
(unsatisfactory)

68% - Student did not meet objective; Student is performing well below the level of their peers and major concerns exist and significant remediation is required.
(unsatisfactory)

60% - Student did not meet objective; Student is performing well below the level of their peers and major concerns exist and significant remediation is required. (unsatisfactory)

Assessment in One45

- Students will be asked to complete evaluations of the rotation and attending. We value and appreciate your feedback, and without it, we cannot continue to improve our faculty development and curriculum.
- Attendings will complete an evaluation of the student at the end of the rotation. Students will receive notifications when evaluations are completed and grades are finalized.

Resident Assessment

- Students will be asked to evaluate residents throughout Pillar 3. The evaluations will be sent by the respective program coordinator.

Timely Completion of Evaluations

- The following expectations will be placed upon each medical student during their time at the Sanford School of Medicine:
 - All evaluations must be completed by the Friday that occurs 2 weeks from the Friday after the student receives them in One45. Each student is expected to complete these evaluations before midnight on the due date. If a student fails to accomplish this task on more than two occasions during the Pillar, he or she may be cited for failure to demonstrate professionalism in the completion of an assigned task by a representative of the Office of Medical Education, using the school's professionalism reporting form.
- These evaluations are very important for the continued quality improvement of your faculty and the courses.
 - In Pillar 3 medical students will receive evaluations approximately 3 days before the end of each block.

Grade Appeals Process

- This appeals process outlines how the OME handles appeals. This process follows South Dakota Board of Regents Policy (see Policy 2.9³) and the Medical Student Affairs Handbook⁵, but centralizes the process so that appeals are submitted within the designated timeframe and forwarded to the proper individual in order 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. If a student wishes to appeal an assigned grade in a Pillar 3 course:

- The student must submit a written appeal using the standard Pillar 3 Appeal Form available in One45. This form must be completed prior to review by the Pillar 3 Director. Appeals made via email or any other form of communication will not be accepted.
- The appeal form must be submitted within 14 calendar days of the student receiving the grade in One45. This form is available in One45 under to-dos. Once submitted the Pillar 3 director will verify that the appeal has been submitted in the required timeframe before considering the appeal.
- The Pillar 3 Director will ensure all information required on the appeal form has been completed, and he/she will forward the appeal to the appropriate individual for a decision:
 - Clerkship Director or Course Director as appropriate
- After grade appeal decisions have 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.

Competency Committee

- The Competency Committee will meet four times during Pillar 3 to review student progress. A written report regarding your progress will be provided twice a year. This report will include comments by faculty, SPEL requirements, and overall competency for residency. The committee will meet on the following dates:
 - May 13, 2021
 - August 12, 2021
 - November 11, 2021
 - February 10, 2022

Student Evaluation, Progress, and Possible Actions

- The competency committee reviews each student's progress two times during Pillar 3. Feedback, recommendations, and remediation plans/deadlines, in most instances, are communicated to the student by his or her respective coordinator after review by the competency committee.
- If additional action is needed, the student would next meet with the Campus Dean then, if not resolved, the Dean of Student Affairs. At any point in this process, referral can be made to the Student Progress and Conduct Committee (SPCC) if student is failing, at risk of failing, or in any case of unprofessional conduct.
- Students who receive a deficient (D) or failing (F) grade for any discipline or competency are referred to the SPCC. Subsequent remediation is determined by the SPCC.
- If a student wishes to appeal his or her assigned grade for any course within Pillar 3, he or she should consult the *Medical School Grievance Procedures* section of in the Medical Student Affairs handbook.

Policies

Medical Student Duty Hours

- The following policy for SSOM Medical Student Duty Hours is based upon the ACGME duty hour requirements for residents:
 - Duty hours are defined as all clinical and academic activities related to the medical education program; i.e., patient care (both inpatient and outpatient), administrative

duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.

- It is both the responsibility of the supervising faculty and each medical student to ensure compliance with the restrictions below so a student does not violate the medical student duty hours as defined by this policy.
- If a student chooses to disregard faculty recommendations regarding this policy or willingly chooses to not follow the duty hours policy as outlined, their actions may be reflected in their professionalism grade assigned to them by their respective LIC Campus Coordinating Committee.
- **Restrictions:**
 - Clinical and educational work hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities.
 - Clinical and educational work periods must not exceed 24 hours of continuous scheduled assignments. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and for student education. However, additional patient care responsibilities must not be assigned to the student during this time.
 - Students must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of at-home call. One day is defined as one continuous 24-hour period free from all clinical and educational duties.
 - Adequate time for rest and personal activities must be provided. This should consist of an eight-hour break provided between all work shifts.
 - All students must have at least 14 hours free of clinical work after 24 hours of clinical assignments.
 - Students must be scheduled for in-house call no more frequently than every third night (averaged over a four-week period). *In-house call* is defined as those duty hours beyond the normal work day, when students are required to be immediately available in the assigned institution.
 - Time spent on patient care activities by students on at-home call must count toward the 80-hour and one-day-off-in-seven requirements. *At-home call (or pager call)* is defined as a call taken from outside the assigned institution. The frequency of at-home call is not subject to the every- third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each student. Students taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4- week period.
 - When students are called into the hospital from home, the hours students spend in-house are counted toward the 80-hour limit. The course or clerkship director and the faculty must monitor the demands of at-home call in their programs, and make necessary scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

Duty Hours & On-Call Activities

- In-house call is defined as those duty hours beyond the normal work day, when students are required to be immediately available in the assigned institution. In-house call must occur no more frequently than every third night, averaged over a 4-week period. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Students may remain on duty for

up to 4 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care. No new patients may be accepted after 24 hours of continuous duty.

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

Attendance and Leave Policy

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

Holidays

- There are no designated holidays for students in Pillar 3.
- Also note that there are some holidays when the SSOM offices are closed, but Pillar 3 students DO NOT get the day off from clinical activities.
 - New Year's Day
 - Martin Luther King Day
 - President's Day
 - Columbus/Native American Day
 - Veteran's Day
 - Memorial Day
 - Fourth of July
 - Labor Day
 - Thanksgiving Day
 - Christmas Day
 - Not limited to these holidays

Vacation/Flexible Weeks

- Students may take up to 14 weeks of vacation/flexible time over the course of Pillar 3.
- Time must be scheduled in one-week blocks.

Sick or Other Absences

- 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 instructor.
 - 3 + days/week requires the rotation week to be repeated.

- Students who are seeking an absence for personal/private matters may call Student Affairs at 605-658-6300. Student Affairs will work with all appropriate faculty to make the necessary arrangements.

COVID-19 Leave

- 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.

Student Affairs Policies

- The following policies can be found in the Medical Student Affairs Handbook provided by Student Affairs: <https://www.usd.edu/medicine/student-and-faculty-handbooks>.

Mid-Course and Mid-Clerkship Feedback Policy

Narrative Assessment Policy

Clinical Supervision Policy

Student Mistreatment Policy

Procedure for Reporting Student Mistreatment

Teacher/Learner Responsibilities & Mistreatment

Confidentiality Policy (excerpts from Confidentiality Policy signed by students)

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

Services for Students with Disabilities

SSOM Student Inclement Weather 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.
 - USD SSOM clinical campuses rarely close due to weather, and administrative offices will remain open when possible.
 - **Sioux Falls:** If travel is hazardous, the Campus Dean, Dean of Medical Student Education and 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 using the appropriate medical student listserv.
 - **Yankton & Rapid City:** If travel is hazardous, the Campus Dean and 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 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 attend. If a student is unable to reach the clinical site, or feels it is unsafe to travel, they must contact their clinical attending/faculty and follow the absence policy.

Accessibility Statement

- The University of South Dakota strives to ensure that physical resources, as well as information and communication technologies, are accessible to users in order to provide equal access to all. If students encounter any accessibility issues, they are encouraged to immediately contact the

instructor of the course and the Office of Disability Services, which will work to resolve the issue as quickly as possible.

Required Language for All Syllabi

- **Academic Integrity**
 - No credit can be given for a dishonest assignment. A student found to have engaged in any form of academic dishonesty may, at the discretion of the instructor, be:
 - Given a zero for that assignment.
 - Allowed to rewrite and resubmit the assignment for credit.
 - Assigned a reduced grade for the course.
 - Dropped from the course.
 - Failed in the course.
- **Freedom in Learning**
 - Under Board of Regents and University policy, student academic performance may be evaluated solely on an academic basis, not on opinions or conduct in matters unrelated to academic standards. Students should be free to take reasoned exception to the data or views offered in any course of study and to reserve judgment about matters of opinion, but they are responsible for learning the content of any course of study for which they are enrolled. Students who believe that an academic evaluation reflects prejudiced or capricious consideration of student opinions or conduct unrelated to academic standards should contact the dean of the college or school that offers the class to initiate a review of the evaluation.
- **Disability Accommodation**
 - The University of South Dakota strives to ensure that physical resources, as well as information and communication technologies, are reasonably accessible to users in order to provide equal access to all. Any student who feels s/he may need academic accommodations or access accommodations based on the impact of a documented disability should contact and register with Disability Services during the first week of class or as soon as possible after the diagnosis of a disability. Disability Services is the official office to assist students through the process of disability verification and coordination of appropriate and reasonable accommodations. Students currently registered with Disability Services must obtain a new accommodation memo each semester.
 - Please note: if your home institution is not the University of South Dakota but one of the other South Dakota Board of Regents institutions (e.g., SDSU, SDSMT, BHSU, NSU, DSU), you should work with the disability services coordinator at your home institution.
 - Disability Services, The Commons Room 116
 - (605) 658-3745
 - Web Site: www.usd.edu/ds
 - Email: disabilityservices@usd.edu
- **Diversity and Inclusive Excellence**
 - The University of South Dakota strives to foster a globally inclusive learning environment where opportunities are provided for diversity to be recognized and

respected. To learn more about USD's diversity and inclusiveness initiatives, please visit the website for the Office of Diversity.

Required COVID-19 Language for All Syllabi

- **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 and abide by the following protocols: If you are exposed to COVID-19, develop COVID-19 symptoms, or anticipate being absent for more than two weeks due to COVID-19, you are expected to immediately communicate this to covid19@usd.edu. You may also report to the Dean of Students at deanofstudents@usd.edu. In either case, the Dean of Students office will communicate with all instructors and provide appropriate University communication to impacted parties while also preserving student privacy about any medical condition. If you miss class due to medical reasons, please also inform your instructor in a timely fashion. Students who have been asked to quarantine cannot attend classes in person and should ask instructors if there is an option to participate remotely. Instructors will work with students to determine whether remote participation, an incomplete grade, or withdrawal is most appropriate. Thank you for following these important measures to keep our community healthy and safe. For the latest guidance, please check USD's [COVID-19 web site](#).
- **COVID-19 Attendance Policy**
 - Out of an abundance of caution, students who experience any symptoms associated with COVID-19 (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea) should contact the Dean of Students office at deanofstudents@usd.edu and not come to class. The Dean of Students will then contact all of that student's instructors. Any make-up of course requirements missed shall be worked out between the instructor and the student upon the student's timely initiative with an eye towards both flexibility and the integrity of the academic experience. Students should:
 - Join scheduled synchronous remote class sessions if they are able to do so;
 - Participate in remote class activities, whether synchronous or asynchronous, if they are able to do so;
 - Keep up with classwork if they are able to do so;
 - Submit assignments digitally;
 - Work with their instructors to try to reschedule exams, labs, and other critical academic activities.
 - Instructors are required to allow for such make-up in a timely manner whether or not a student's absence has been validated by the Dean of Students. Students are required to remain in timely contact with instructors to the greatest degree possible. Failure to do so may result in a referral to the Dean of Students office.
- **COVID-19 Face Covering Policy**
 - Under the [COVID-19 Face Covering Protocol](#) approved by the South Dakota Board of Regents, USD will begin the spring term at Level 3, which requires face coverings in all public indoor spaces on campus. Students who come to class not wearing an appropriate face covering will be asked to put one on. Those who cannot get a face

covering in time to join the class may be provided with a disposable mask from a stockpile kept in each classroom if supplies are available or be advised about virtual education options under the Informal Correction process in the COVID-19 Face Covering Protocol. Students who decline to wear a face covering and do not leave the classroom will be referred to the Dean of Students for Formal Correction under the COVID-19 Face Covering Protocol, which may include noncompliance with the [Student Code of Conduct](#). The appropriate conduct process will be initiated if the Dean of Students determines that the allegations are credible. Faculty members may be required to provide virtual options for the student to continue to participate in the course until an outcome is rendered and appeals are afforded. Students who repeatedly come to class without a face covering will be referred to the Dean of Students for remediation, which may range from an educational learning opportunity up to the formal conduct process defined by the Student Code of Conduct.

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

Health Affairs Policies

- The following policies can be found in the Health Affairs Infection Control Manual provided by the Division of Health Affairs: <https://www.usd.edu/medicine/student-and-faculty-handbooks>.
 - General Student Safety Guideline (Infection Control/Student Safety)**
 - Standard Precautions**
 - Transmission Based Precautions**
 - Occupational Exposure to Infectious and Environmental Hazards**
 - Educational Accommodations Related to an Exposure**
 - Entering and Visiting Student Immunization Policy**
 - Immunization Compliance Policy**
 - Annually Required Immunizations**
 - Students Infected with Bloodborne Pathogens (HIV, HBV, HCV)**
 - Other Special Considerations:**
 - The Pregnant Student**
 - Health Insurance**
 - Required Vaccine Declination**