UNIVERSITY OF SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

Pillar 3 Student Handbook

Class of 2020
2019-2020

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Welcome

Welcome to Pillar 3. I am confident the final pillar of your undergraduate medical education will prove to be a fulfilling experience. Pillar 3 will cement the field you elect to pursue, prepare you for residency, and provide opportunities to explore areas of medicine you have not encountered in the previous pillars.

Selecting a specialty in medicine is a formidable task. Pillar 2 has exposed you to the core specialties in medicine. Pillar 3 will allow you to explore these specialties in detail, and explore specialties new to you. As you determine your career path, remember to utilize all resources available. The Department of Student Affairs provides excellent career advice. Your Pillar 3 clinical mentor should serve as a resource as well. Remember, every area of medicine is important. The key to a successful career is finding your passion in medicine. If you enjoy what you do, you will have a long and fulfilling career.

The skills you hone in the final 16 months of medical school will ensure you will be ready to excel on day one of residency. Traits that ensure success in Pillar 3 are similar to those that ensure success in residency. Successful students remain dedicated to learning even if the grade does not matter, and are willing to put in extra hours even if their colleagues have left for the day. Successful students realize they can constantly improve, there is always more to learn, and are able to admit when you do not know the answer to a question. Then go learn what you do not know!

Pillar 3 will also be the period you explore non-traditional courses and rotations. This pillar provides opportunities in bioethics, leadership, health policy, and research. Take the opportunity to broaden your medical knowledge in areas that will supplement your development in medicine. In doing so, you will acquire skills that will ensure future success.

You have made it this far, and I hope you are excited for what lies ahead. I also know how committed the faculty of the medical school are to your success. The Office of Medical Education and Department of Student Affairs are excellent resources to utilize when questions arise. Remember, the key to success is ultimately YOU. Utilize the resources available, remain dedicated, and enjoy the last 16 months of medical school.

Best Regards,

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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 (2019-2020)
- 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 credit, 37 elective credit, and 12 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.

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 you encounter any accessibility issues, you 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.

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. 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.

- You will be evaluated regularly by your attendings and coordinating committees based upon the behaviors listed above.
- * 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 to 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.
- Professional and Unprofessional Behavior Report Forms can be found in D2L or on the medical school Web Portal found under *Forms*.

Electronic Medical Record (EMR)

- Medical students interact with EMRs almost daily in their medical career. It is imperative that students learn to use the EMR to enhance learning and to effectively participate in patient care. Despite its many advantages, EMRs have a few potential disadvantages in medical education. Students are at a critical point in developing diagnostic reasoning skills. Templates, auto-fill, cut/paste, and other programmed EMR features can negatively impact critical-thinking. The many prompts and reminders may short-circuit decision making as to which elements are most important and why. Conveying thought processes (and evaluating those thought processes) in notes generated by the EMR poses a challenge. While tedious at times, creating H&Ps outside the EMR will improve the student's ability to function - and to think critically - independent of the electronic record.
  - o Use their own login and password in order to view and document in the patient record.
  - o Contribute meaningful data to the EMR in the form of a patient note which is completed and signed in a timely manner.
  - o Become familiar with the various functions of the EMR including review of lab results, radiologic images, consultant reports, previous notes, educational resources, and order entry.
  - o Have notes reviewed and edited by the supervising physician, who should provide appropriate formative feedback.
  - o Avoid the use of copying and pasting information from one note to another.
  - o Avoid use of templates for documenting the history and physical until they are expressly given such permission.
  - o Comply with HIPAA rules and avoid inclusion of any patient-identifying data in the typed H&P (name, birthdate, and patient ID numbers which are all considered identifying data).
  - o View only charts of patients that are directly under their care. Violation could result in loss of or severe restriction of EMR privileges.
  - o Print documents sparingly and always shred printed EMR documents

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 23-27, 2020)
	Total	**16**
#	**Elective Courses**	
37	Elective courses	37 weeks
	Total	**37**

#	**OTHER DOCUMENTS**	
4	Check-In Form	Email from Education Coordinator

#	**OTHER ACTIVITIES**	
1	Inter-Professional Experience	Parry Center Sioux Falls

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.
  - o 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:**
  - o Performed a completed H&P and completed an audit
  - o Participated in a medical procedure or surgery
  - o 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
    - o 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
    - o Post-operative/post-partum visit
- **Do NOT document in SPEL for the following examples:**
    - o Heard about another student's patient on rounds
    - o Discussed a patient in Small Group
    - o Listened to a patient present their story to a large classroom
    - o 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 four 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 new 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.
- Students will need to sign up for one of the dates/time below through an online link provided by the Parry Center for Clinical Skills & Simulation. All sessions will be held in Sioux Falls.
    - o Time slots available for each day:
        - 8 AM - 10 AM
        - 10 AM - 12 PM
        - 1 PM - 3 PM
        - 3 PM - 5 PM
    - o Dates available:
        - February 15, 2019
        - March 15, 2019
        - April 26, 2019

- May 17, 2019
- June 14, 2019
- July 19, 2019
- August 16, 2019
- September 20, 2019
- October 18, 2019
- November 15, 2019

Transition to Residency Course

- This is a new one-week requirement in Pillar 3 scheduled for March 23-27, 2020. 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, and Grading

Assessment Scales

- This year the assessment scales are more rigorous than previously. Pillar 3 grades have notoriously been inflated, resulting in all students receiving an "A" regardless of the effort invested. As a way for our exceptional students to stand out, if you desire an "A" you will be expected to exceed expectations, not simply be present on a rotation. Please refer to the new assessment scale below as an example for patient care:

Patient Care

	Does Not Meet Expectations		Below Expected Level of Training		At Expected Level of Training		Above Expected Level of Training		Clearly Outstanding	
	65%	71%	75%	79%	81%	85%	89%	91%	95%	100%
Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and families.	○	○	○	○	○	○	○	○	○	○
Assist and observe in medical and/or surgical procedures commonly performed.	○	○	○	○	○	○	○	○	○	○
Formulate preliminary decisions about diagnostic, therapeutic, and patient education interventions under teacher/faculty supervision.	○	○	○	○	○	○	○	○	○	○

- Grading criteria for all Pillar 3 courses:
  - A ≥ 90.50%
  - B = 90.49% - 80.50%
  - C = 80.49% - 70.50%
  - D = 70.49% - 60.50%
  - F < 60.49%

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. Please reference the [Assessment, Evaluation, and Grading Module](#) to review the Assessment of Student Performance One45 evaluations form criteria. 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.

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, IPE assessment, and overall competency for residency. The committee will meet on the following dates:
  - May 9, 2019
  - August 8, 2019
  - November 14, 2019
  - February 13, 2020

Student Evaluation, Progress, and Possible Actions
- Student progress is reviewed by the competency committee in May, August, November and February 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.

- o 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:**
  - o Clinical and educational work hours must <u>be limited to 80 hours</u> per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities.
  - o Clinical and educational work periods <u>must not exceed 24 hours of continuous</u> scheduled assignments. <u>Up to four hours of additional time</u> 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.
  - o Students must be provided with <u>one day in seven free</u> 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.
  - o Adequate time for rest and personal activities must be provided. This should consist of an <u>eight-hour break provided between all work shifts.</u>
  - o All students must have <u>at least 14 hours free of clinical work after 24 hours of clinical assignments</u>.
  - o Students must be scheduled for <u>in-house call no more frequently than every third</u> 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.
  - o 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.
  - o 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 (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 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 12 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.

Winter Weather Policy

- Currently under review.

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
SSOM Clinical Campus Winter Weather 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