



UNIVERSITY OF
SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

Pillar 3 Student Handbook

Class of 2021
2020-2021

Updated: February 3, 2020

Table of Contents

Welcome	3
Contact Information	4
Competencies	4
Calendar (2020-2021)	5
Overview	5
Scheduling	5
Important Dates	5
Residency and Career Planning.....	5
Student Advisors	5
Handbooks and Syllabi	5
Accessibility Statement	5
Learning Issues	5
Professionalism	6
Electronic Medical Record (EMR).....	7
Requirements	7
Student Patient Experience Log (SPEL)	8
Check-In Forms.....	9
Inter-Professional Experience	9
Transition to Residency Course.....	10
Assessment, Evaluation, Grading and Appeals	10
Assessment Scales.....	10
Assessment in One45	10
Resident Assessment.....	11
Timely Completion of Evaluations.....	11
Grade Appeals Process.....	11
Competency Committee	11
Student Evaluation, Progress, and Possible Actions	12
Policies	12
Medical Student Duty Hours	12
Duty Hours & On-Call Activities.....	13
Attendance and Leave Policy	13
Holidays.....	14
Vacation/Flexible Weeks.....	14
Sick or Other Absences.....	14
Winter Weather Policy	14
Student Affairs Policies	14
Mid-Course and Mid-Clerkship Feedback Policy.....	15
Narrative Assessment Policy	15
SSOM Clinical Campus Winter Weather Policy	15
Clinical Supervision Policy	15
Student Mistreatment Policy	15
Procedure for Reporting Student Mistreatment.....	15
Teacher/Learner Responsibilities & Mistreatment.....	15
Confidentiality Policy (excerpts from Confidentiality Policy signed by students).....	15
Non-Involvement of Providers of Student Health Services in Student Assessment Policy.....	15
Services for Students with Disabilities	15

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,

Michelle Schimelpfenig, DO, MPH, FAAP

Pillar 3 Director

Academic Assistant Professor

University of South Dakota Sanford School of Medicine

Michelle.Schimelpfenig@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](#).


UNIVERSITY OF
SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

MEDICAL STUDENT COMPETENCIES

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:

- Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and families.
- 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.
- Use information technology for appropriate documentation, to support patient care decisions, and for patient education.
- Participate in the common and/or important medical and surgical procedures in the core clinical disciplines.
- 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.

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:

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

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:

- 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.
- Demonstrate an investigatory and analytical thinking approach to clinical situations involving human health and disease.

Professionalism

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

Objectives: Students are expected to demonstrate:

- Caring and compassion in communication with patients and their families.
- Honor and integrity through interactions with patients and co-workers, and an awareness of potential conflicts of interest.
- Altruism shown by responsiveness to patient needs that supersedes self-interest.
- Responsibility and accountability to patients, society, the profession, and the education program, as demonstrated by reliability, the timeliness of task completion, and compliance with policies.
- Leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system.
- Respect for patients, their privacy and autonomy, and respect for all others.
- 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.

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:

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

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:

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

Revised September 3, 2018

Calendar (2020-2021)

- 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.

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.
 - Use their own login and password in order to view and document in the patient record.
 - Contribute meaningful data to the EMR in the form of a patient note which is completed and signed in a timely manner.
 - 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.
 - Have notes reviewed and edited by the supervising physician, who should provide appropriate formative feedback.
 - Avoid the use of copying and pasting information from one note to another.
 - Avoid use of templates for documenting the history and physical until they are expressly given such permission.
 - 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).
 - View only charts of patients that are directly under their care. Violation could result in loss of or severe restriction of EMR privileges.
 - 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 22-26, 2021)
	Total	16
# Elective Courses		
37	Elective courses	35 weeks
	Total	35

# OTHER DOCUMENTS		
4	Check-In Form	Email from Education Coordinator
1	Professionalism Paper	D2L

# 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.
 - 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 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 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 email anne.donovan@usd.edu to sign up for one of the dates/times below by Friday, February 7, 2020, 5 PM. All sessions are held at the Parry Center for Clinical Skills & Simulation in Sioux Falls. Enrollment is determined on first-come, first-served basis.
 - Time slots available for each day:
 - 8 AM - 10 AM
 - 10 AM - 12 PM
 - 1 PM - 3 PM
 - 3 PM - 5 PM
 - Dates available:

- February 21, 2020
- March 20, 2020
- April 17, 2020
- April 24, 2020
- August 28, 2020
- September 18, 2020
- October 16, 2020
- November 20, 2020

Transition to Residency Course

- The one-week requirement in Pillar 3 scheduled for March 22-26, 2021. 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

- Please refer to the 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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assist and observe in medical and/or surgical procedures commonly performed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Formulate preliminary decisions about diagnostic, therapeutic, and patient education interventions under teacher/faculty supervision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 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.

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, IPE assessment, and overall competency for residency. The committee will meet on the following dates:

- June 11, 2020
- July 9, 2020
- November 12, 2020
- December 10, 2020

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.

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