



UNIVERSITY OF
SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

PILLAR 2 AND 3 CLINICAL FACULTY HANDBOOK
CLASS OF 2027

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THANK YOU FOR YOUR TEACHING



UNIVERSITY OF
SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

Dear Valued Faculty Member,

First, let me express heartfelt gratitude from the University of South Dakota Sanford School of Medicine and our students for your willingness to teach. Pillar 2 and Pillar 3 will be students' first major exposure to clinical medicine. The real world setting of your practice along with your professional style will undoubtedly be a major influence in their careers and the care of their future patients.

We realize the tension that doctors experience between the demands of clinical practice and the commitment to teaching medical students. Clinicians and students can build a collaborative working relationship during their clinical years which features a progressive increase in the legitimate contribution of the student to the work of the clinical team. The extra effort to teach the physicians of tomorrow is nothing less than altruism, volunteerism, and professionalism at its best! We honor and appreciate your commitment, time, and effort.

We have an excellent faculty development team to support your teaching, to offer refinements in your teaching methods, and to optimize the interactions you have with students. Your feedback and assessment of the students' performance are an essential aspect of their grading, so please pay particular attention to this component of your duties as a teacher.

The following pages in this manual contain concise, valuable information you will find useful in your role as a faculty member. Please take time to browse through it and refer to it often. Should issues arise, we are here as a resource to assist. We look forward to working with you for the betterment of our students' medical education.

Respectfully,

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COMPETENCIES

MEDICAL STUDENT COMPETENCIES



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

Objectives: Students are expected to:

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

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

Objectives: Students are expected to:

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

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

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

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

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

Objectives: Students are expected to:

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

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

Objectives: Students are expected to demonstrate:

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

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

Objectives: Students are expected to:

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

PILLAR 2 AND 3 CALENDAR

The most up to date version of the Pillar 2 and 3 calendars can be found in D2L

What is a Longitudinal Integrated Curriculum?

- The LIC is a curricular structure in which medical students:
 - Participate in the comprehensive care of patients over time
 - Have continuing learning relationships with these patients' clinicians
 - Meet the majority of the year's core clinical competencies through these interleaved experiences across multiple disciplines
- The LIC forms the bulk of the Pillar 2 clinical experience and provides the foundation for students' clinical skill development.
- The majority of the LIC occurs in the ambulatory care environment.
- Each student and each campus will have a slightly different LIC schedule. These variations result from efforts to optimize the schedule for the specific discipline, faculty preceptor, and clinical learning environment. The Office of Medical Education carefully monitors these inter-campus differences to ensure comparability in the educational experience.

GUIDELINES FOR FACULTY

The quality of the Longitudinal Integrated Clerkship is determined by the quality of our clinical faculty and the quality of the interaction each student has with you as a faculty.

Welcome and Introduction

- Inform your patients that you are currently supervising a student.
- Introduce the student to the office staff; make the student feel welcome. Discuss with the student the title by which he/she is to be addressed.

A Good Beginning

Students will be coming into the clerkship with differing skills, clinical experiences, and expectations.

The Clinical Faculty should:

- Review the clerkship course goals and objectives.
- Review the assessment forms.

Orientation – Guidelines for Student

Establish the ground rules when the student arrives, including:

- Student's role in your practice; your expectations of how the student should "fit in".
- Students are expected to spend 2-4 hours in clinic each half day.
- Office dress, appearance.
- Procedure if the student or you (Clinical Faculty) are ill or cannot be in the office.

- Any other policies of which students should be made aware.

Orientation – Office

- Show the student his/her “office space” and the rest of your office.
- Introduce the students to your staff and describe their responsibilities; include how the students should address your office staff.
- Orient the student to the standard operating procedures, i.e., appointments, medical records and where/how to make entries.
- Discuss the characteristics of your patient population.
- Instruct the student in patient protocol.
- Describe your special interests and skills within your specialty.
- Show the student:
 - Where to park
 - Office lab and procedure room
 - Reference materials
 - Computer that may be available to students

Student Involvement with Patients

- Please remember that our Pillar 2 students have already had a year of “shadowing” with different preceptors across Pillar 1. They have been trained in the clinical foundations of history taking and physical exam maneuvers.
- During the first few sessions have the student “shadow” you and assist you with patient encounters. Talk with the students about each patient, ask questions, and assess the student’s fund of knowledge.
- As you become more comfortable with the student allow him/her to evaluate the patient and then present the history and physical examination findings, including a differential diagnosis and management plan. **These students have already practiced and refined their skills of medical interviewing and physical examination of a patient so please allow them to use these skills. In Pillar 2, it is of the utmost importance to encourage students to develop the differential diagnosis and management plan.**
- Be sure to observe the student at intervals throughout the clerkship. **For our accreditation, students are required to be observed, by faculty, performing a pertinent medical history and pertinent physical or mental status exam at least once in each discipline during the longitudinal clerkship. Ideally, this will be done once each semester over the course of the year.** This observed encounter does not need to be a complete H&P and can be easily incorporated into a problem-focused patient visit.
 - **The students will be REQUIRED to have a history and physical in each discipline observed and evaluated once in the first half of the LIC. Please help them complete this.**
 - The form for this is included below in the Pillar 2 Handbook.

- Ensure the student is conducting appropriate health care assessments and providing correct information about and to patients.
- Continue to ask questions which challenge the student's thinking and fund of knowledge throughout the clerkship. Be sure to include questions about pharmacology and pathophysiology.
- Encourage the student to read about all the problems on the "Problem List", as well as other problems encountered.
- Provide an opportunity for students to document the patient encounter in the EMR or on paper. Students have several notes that need to be completed in each discipline (H&P Notes and Progress Notes) so please give them an opportunity to write notes in each clinical encounter.
- A complete list of Pillar 2 student requirements is included in this handbook.
- Our Pillar 3 students have completed 18 months of Pillar 2 and are adept at taking a history and physical. They have perfected basic skills and are ready to be challenged. Include them from day one into your practice at your comfort level.

Provide feedback to the students

- Set aside a few minutes each day to help students identify learning issues and offer prompt, constructive feedback.
- Evaluate the student's performance during the clerkship
- Informally, on a day-to-day basis, offer feedback about areas in which the student needs improvement, as well as areas in which the student is doing well.
- **Formally, you will be required to fill out an assessment form on the student's performance 2-3 times per clerkship. Please include narrative assessment as part of these assessments around areas that they are performing well and areas in which they can grow.**
- Individual departments may have additional feedback requirements.

NARRATIVE ASSESSMENT POLICY

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

STUDENT PILLAR 2 FACULTY ADVISOR

Students are assigned to a member of their campus advising committee at the start of Pillar 2. Along with the committee, this member oversees academic progress over the course of the clerkship, submits monthly written feedback on the student, and meets directly with the student periodically.

While the advising committee may serve in an advisory role, students also have the option to select an additional informal mentor in their area of interest.

STUDENT PILLAR 3 FACULTY ADVISOR

In Pillar 3, the student will select a Clinical Faculty Advisor who likely practices in the student's area of specialty interest. During Pillar 3, each student may select this career faculty advisor from a list of clinical faculty who have volunteered to be advisors as compiled by the campus Education Coordinator at the student's clinical campus. The students are encouraged to select an advisor who is of their specialty interest. If the student has no preference for a particular advisor, the campus Educational Coordinator will assign an advisor. The student and advisor should meet frequently during Pillar 3 with a particular emphasis on serving as a support person for the student in their personal and professional wellbeing and development. After working with the student to plan Pillar 3, the career faculty advisor is an important resource to assist the student with residency application plans.

TEACHER/LEARNER RESPONSIBILITIES POLICY

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

Mistreatment, either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. Mistreatment is one type of unprofessional behavior. Examples of mistreatment include sexual harassment, discrimination or harassment based on sex, race, color, creed, national origin, ancestry, citizenship, gender, gender identification, transgender, sexual orientation, religion, age, genetic information, veteran status, or disability; humiliation, psychological or physical punishment; or the use of grading and other forms of assessment in a punitive manner. Details of the Board of Regents Policies on [Harassment](#), [Human Rights](#), [Non-Discrimination](#), and [Consensual Relationships](#) can be accessed through the Board of Regents web site at: <https://www.sdbor.edu/policy/Pages/Section-1-Governance.aspx>.

Teachers and Learners have a responsibility to each other and society to always act in a professional manner. When unprofessional actions are recognized, they have a duty to report. Unprofessional actions include but are not limited to: discrimination or harassment based on sex, race, color, creed, national origin, ancestry, citizenship, gender, gender identification, transgender, sexual orientation, religion, age, disability, genetic information, veteran status, or any other status that may become protected under law against discrimination, lying or misrepresentation, poor communication, and unexcused attendance. For more information, please review South Dakota Board of Regents Policies 1.4.1, 1.4.4, and 3.4.1.

Responsibilities of Teachers (Faculty Members):

- Convey state-of-the-art information about the skills and knowledge necessary for the practice of medicine.
- Exhibit high levels of professionalism when interacting with students, colleagues, and staff.

- Respect individuals without regard to sex, race, color, creed, national origin, ancestry, citizenship, gender, gender identification, transgender, sexual orientation, religion, age, genetic information, veteran status, or disability.
- Avoid belittling, abusing, or exploiting students.
- Recognize unprofessional and exemplary professional conduct by students, resident physicians, faculty, or staff. Treat the event confidentially. The faculty member may report the event using the Unprofessional Student Behavior Incident Report or the Exemplary Professional Student Behavior Incident Report found on the medical school web portal under Academics > Forms > Professionalism Report Forms. This form should be delivered to:
 - The Associate Dean of Student Affairs when student-related
 - The Associate Dean of Academic Development and Faculty Affairs when resident with faculty status related.
- In a timely fashion, submit evaluation(s) of students after completion of a course or clerkship.
- For courses and clerkships four weeks or longer, provide students with formal formative mid-course or mid-clerkship feedback to allow sufficient time for remediation, whenever teacher-student interaction permits.
- For courses shorter than four weeks, seek to provide useful formative feedback.
- Faculty members who provide health services to medical students, including medical and psychiatric care as well as psychological counseling, will have no involvement in the academic assessment or promotion of the medical student receiving those services. It is the responsibility of the faculty member to recuse themselves from those educational activities where academic assessment or promotion of such a student is considered.
- Appropriately supervise students so that they do not perform invasive procedures unassisted, uninstructed, or unattended. This supervision may be delegated to appropriately trained physicians or other healthcare providers.
- Assign individual student activities consistent with the students' abilities and trainee status.

STUDENT MISTREATMENT AND REPORTING POLICY

Updated 11/13/2020; reviewed annually and approved by Student Affairs 5/2024; *Confidentiality Task Force 2002, Rvsd 2008, 2009, 2011, 2015; Mistreatment Policy 2015, 2020, 2024*

The medical learning environment is expected to facilitate students' acquisition of the professional attitudes necessary for effective and compassionate health care. This requires mutual respect between teacher and learner, and the avoidance of mistreatment.

Mistreatment, either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. Examples of mistreatment include sexual harassment; discrimination or harassment based on sex, race, color, creed, national origin, ancestry, citizenship, gender, gender identification, transgender, sexual orientation, religion, age,

genetic information, veteran status, or disability; humiliation; psychological or physical punishment; or the use of grading and other forms of assessment in a punitive manner. Sanford School of Medicine adheres to the Board of Regents policies regarding mistreatment or harassment as stated in the Board of Regents Policy Manual on Governance (see links below).

For additional information:

Section 1.4.1 – Sexual Harassment;

<http://www.sdbor.edu/policy/documents/1-17.pdf>

Section 1.4.3 – Human Rights Complaint Procedures;

<http://www.sdbor.edu/policy/documents/1-18.pdf>

Section 1.4.4 – Equal Opportunity, Non-Discrimination, Affirmative Action;

<http://www.sdbor.edu/policy/documents/1-19.pdf>

Section 4.8.4 – Employee-Employee and Faculty-Student Consensual Relationships;

<http://www.sdbor.edu/policy/documents/1-23.pdf>

Procedure for Reporting Student Mistreatment

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

- Associate Dean or Assistant Dean of Medical Student Affairs, (605- 658-6300)
- Dean of Faculty Affairs (605-357-1534) or a Campus Dean:
 - Rapid City 605-791-7800
 - Sioux Falls 605-357-1306
 - Vermillion 605-658-6324
 - Yankton 605-668-3065
- Human Resources: Chief Title IX Officer USD (605-658-3665)
- Chief Well-being Officer 605-357-1398
- Directly to another faculty member
- Submission to the idea boxes located in the Pillar-specific D2L courses
- Submission of the one45 Concern & Mistreatment Form located in the student’s one45 To-Dos. Completion and submission of this form creates a notification for the Associate Dean of Students and Associate Dean of Medical Education.

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

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

SUPERVISION POLICY

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

COURSE AND CLERKSHIP FEEDBACK POLICY

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

TIMELINESS OF FINAL GRADES POLICY

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

PROFESSIONALISM

Students are expected to uphold and adhere to the ethical and behavioral standards of the profession of medicine. As a member of this profession, a physician recognizes responsibility not only to the patients, but also to society, to other health professionals, and to self.

ELECTRONIC MEDICAL RECORD (EMR)

Access

Students should have access to existing records or other information about a patient under three conditions:

1. Access to specific patient information is a necessary component of their medical education.
2. Access to specific patient information is necessary for direct involvement in the care of that patient.
3. Access to specific patient information is necessary for conducting a research project for which there is documented IRB approval.

Access should be through the established policies within that hospital or clinic, 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 signed authorization from the patient, a parent or custodial parent in the case of a minor, the patient's legal guardian or a person having the patient's Power of Attorney. This applies also to facsimile, voice and electronic mail.

Student-Generated Records

Records generated by a student as a result of course requirements or as part of patient care may or may not become part of permanent hospital or clinic records. Efforts should be made to remove patient-identifying information from any copies, printouts or electronic media storage kept by the student, used by the student for presentations or other patient care purposes, or transmitted to clerkship coordinators or other faculty. Patient-identifying information includes names, social security numbers, patient ID numbers, birth dates, initials, location or date of service, and attending physician's names or initials. In the event patient-identifying information is necessary for patient care or medical education purposes, it is imperative that attention be paid to patient confidentiality with respect to storage and carrying of records. When no longer needed, any records that contain patient-identifying information should be destroyed by use of a paper shredder or by other appropriate method of permanent destruction.

Student Patient Encounter Log (SPEL)

Maintenance of patient encounters in a student database is a requirement of the medical education program. SPEL entries should not include patient names, initials, date of birth or other identifying information.

Verbal communication

Verbal communication is an essential part of patient care as well as the learning process, and should follow these professional guidelines:

1. Verbal communication with the patient should occur under supervision of medical school faculty, though faculty presence may not be required.
2. Verbal communication with the patient's family members should be with patient consent.
3. Verbal communication regarding a patient should only be done in the appropriate setting and with individuals who are involved with the care of the specific patient.
4. Discussion of the patient as part of the education process should be conducted in an appropriate educational setting and in a professional manner.

Electronic Transmission

Due to lack of privacy, email, social media, texting, and similar electronic methods are inappropriate media for communicating any patient-related information. Patient information may be transmitted electronically only if required by the clerkship or educational program and then only to the appropriate faculty. Patient name, date of birth or any other identifying information may not be included in the transmission.

Communication by a HIPPA compliant electronic method is acceptable if provided by the healthcare system.

Disposal

Patient information that is written or printed should be shredded immediately after use. Electronic patient information should not be stored by the student and should be deleted as soon as no longer needed.

PILLAR 2 & 3 APPEALS PROCESS

Appeal of an Assigned Grade in a Course or Clerkship:

*revised August 29 2022 March 14, 2024 by Office of Medical Education

This appeals process outlines how the OME handles appeals. This process follows the South Dakota Board of Regents Policy (see Policy 2.9) and the Medical Student Affairs Handbook but centralizes the process so that appeals are submitted within the designated timeframe and forwarded to the proper individual to assist students with this process and avoid conflicting information from multiple parties.^{3,5} Within this policy, the term “grade” refers to both the letter grade and narrative assessment. Students must submit a written appeal using the standard Appeal Form available in One45.

Appeals made via email, or any other form of communication will not be accepted.

The appeal form will be made available in One45 following the grade release and must be submitted within fourteen calendar days. Specific appeal window dates will be communicated to the students as needed.

The OME will ensure all information required on the appeal form has been completed, and they will forward the appeal to the appropriate individual for a decision. If there is a potential conflict of interest arising from the student working with a clerkship director or campus dean as their preceptor, the appeal will be forwarded to another advisor in the respective discipline or another campus dean. Clerkship directors and campus deans or other designees will review and discuss all grade appeals and make a decision regarding the requested change. After a grade appeal decision has been made, the students 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.

Grade Appeal

Under the Board of Regents (Student Appeals for Academic Affairs Policy 2:9) and University policy (Student Academic Appeals), students have the right to appeal such matters as course grades and dismissal from a program. Students wishing to appeal an academic decision must use the appropriate appeal form. The form should be used only if informal discussion with the academic decision-maker does not produce a satisfactory resolution, and the student wishes to pursue the matter further. Appeals must be initiated by the student through discussion with the individual responsible for the decision (i.e., the academic decision-maker/instructor) to question the decision and explain the basis for doing so. The student must have this discussion within 30 calendar days of being notified of the decision that is being appealed. If notification occurs within 15 calendar days before the end of a term, the discussion must occur at the latest within 15 calendar days of the start of the next term. If a student wishes to pursue the appeal following the discussion with the academic decision-maker, they should complete Step 2 of the appeal form and submit within 5 working days of the discussion a signed copy to the mediator designated on the form.

Step 1

- Clerkship director if the student is appealing a clerkship/discipline-specific grade.
- Campus dean if the student is appealing a Pillar 2 clinical competency grade.
- The appropriate course director for Clinical Ethics, Radiology, Friday Academy, or Cultural Immersion.
- If a student's appeal for a competency grade is deemed by the campus dean to involve the component of the grade derived from the OSCE, Palliative Care, or HQIP, the following procedures should be followed:
 - The campus dean should contact the individual charged with that graded component via email with the specific concern. These individuals may include the OSCE director, Palliative Care instructor, or Pillar 2 director.
 - The appropriate individual would then investigate the concern by reviewing the applicable materials from which the grade or comment was derived. This step may include others involved in the grade assignment or comments.
 - This individual would report back to the campus dean with the findings regarding the merits of the appeal.
 - The campus dean would then be invited to also review the materials.
- It is recommended the appeal decisions be made within 4 weeks of when the appeal was received, however, due to extenuating circumstances, an extended time may be needed.

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

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

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

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

STUDENT ISSUES AND CONCERNS

If a clinical faculty member is concerned about a student's unsatisfactory performance, either academically or professionally, it is recommended the faculty member contact the faculty coordinating committee member in the corresponding discipline or the campus dean. See preceding pages for contact information.

ONE45 LOGIN/TASK INFORMATION

ONE45 LOGIN

- o <https://usd.one45.com/index.php>

Enter your USD username and password. If you do not know your USD user name you will need to contact USD IT at ServiceDesk@usd.edu or 605-658-6000. The SSOM does not have access to this information.

- o Once logged in you will see your to-do list and may complete any tasks assigned to you.

The screenshot shows the ONE45 dashboard for a user named 'A Test Faculty'. The left sidebar contains a navigation menu with categories: 'My Account', 'Roles/permissions', 'EVALUATIONS', 'SCHEDULES', and 'ADMINS ONLY'. The 'EVALUATIONS' section is highlighted with a yellow arrow. The main content area is titled 'A's To Do: 2' and includes sections for 'Forms to send', 'Summary Evaluations (1)', and 'Log Entries (1)'. The 'Summary Evaluations' section contains a table with the following data:

Target	Activity	Program	Date	Form	Contributor	Contact
Test Student, Four	PEDS In-Patient	Prior 2 SF PCAP	Oct 4/21-10/21	3 yr Attending Assessment of Student Performance for Pediatrics (Full) (Pediatrics In-Patient Assessment (Class of 2024))	Test Resident, Pediatrics Test Resident, Pediatrics	USD, Sacred School of Medicine

- o If you want to view evaluations, you have completed please visit “evaluations” on the left hand side of the screen. All incomplete evaluations will be in “Your To Dos” in the center of the screen.

This image is a close-up of the left sidebar navigation menu. The 'EVALUATIONS' section is highlighted with a red bar, and the 'Evaluations' link is selected.

SUBMIT

Commit responses and remove form from your inbox.

SAVE AND CLOSE

Save current responses and keep form available in your inbox for revision.

CANCEL

Discard any changes to responses and keep form available in inbox for completion.

- When a user has completed their “To Do” items, they will log out of the system.

PILLAR 2 SECTION

GUIDELINES FOR THE PILLAR 2 STUDENTS

The student should be an **active participant** rather than a passive observer.

The student is expected to, under the supervision of the physician:

- Work up and follow patients assigned by the clinical faculty and function as a provider of health care.
- See the patient initially by him/herself, introduce him/herself to the patient and explain his/her purpose.
- **Perform an appropriate focused history and physical exam based on the chief complaint, assess health risks, formulate a differential diagnosis, and plan further investigations and/or treatments.**
- Order appropriate tests, write prescriptions and provide patient education, with the physician’s approval.
- Document the encounter accurately in the form of a SOAP note or H&P, preferably in the electronic medical record.
- See the patient for follow-up if possible. Attempts to schedule the follow-up visit on a day the student is in your clinic would be ideal.
- Follow patients who are admitted to the hospital. If the clinical faculty turns patient care over to hospitalists, it is still possible for the student to round on the patient and inform clinical faculty about patient progress.
- Seek opportunities to assist with surgical and obstetrical procedures performed by clinical faculty. The student should be encouraged to round on the patient post-operatively and complete a progress note.

PILLAR 2 REQUIREMENTS

#	History & Physical – New Patients
3	Family Medicine Rural Preceptorship
4	H&P – Family Medicine

4	H&P – Internal Medicine (2 inpatient, 2 outpatient)
4	H&P – Neurology
4	H&P – OB/GYN*
4	H&P – Pediatrics**
4	H&P – Psychiatry***
4	H&P – Surgery
31	Total History & Physicals
#	Progress Notes (SOAP/APSO Notes) – Established Patients
4	PN – Family Medicine
4	PN – Internal Medicine
4	PN – Neurology
4	PN – OB/GYN *
4	PN – Pediatrics
4	PN – Psychiatry***
4	PN – Surgery
28	Total Progress Notes (SOAP/APSO Notes)
#	Observed Encounters
5	OE – Family Medicine (3 in Family Medicine Rural Preceptorship)
2	OE – Internal Medicine
2	OE – Neurology
2	OE – OB/GYN
2	OE – Pediatrics
2	OE – Psychiatry
2	OE – Surgery
17	Total Observed Encounters
#	Online Cases
14	Aquifer Online Cases (Due in Family Medicine Rural Preceptorship)
13	Case X Modules – Internal Medicine
4	Case X Modules – OB/GYN
1	Case X Modules – Psychiatry (Any case)
12	Case X Modules – Surgery
44	Total Online Cases

#	Pediatrics Online Learning
ALL	All Pediatric Didactic Videos (OnlineMedEd)
#	Other Activities
396	Student Patient Experience Log (SPEL)
2	OSCE (1 Formative & 1 Summative)
2	BLS & ACLS Training
3	Triple Jump Exercises
1	Journal Club as assigned by the campus
2	Small Group as assigned by the campus
1	HQIP Assignment(s)
1	Interdisciplinary Palliative Care Seminar (IPC)
#	1-Credit Courses
1	VITALS
1	Clinical Ethics
1	Radiology
1	Cultural Immersion
#	Grand Rounds
5	Grand Rounds/Conferences of Student Choice

***Ob-Gyn:** H&Ps and progress notes must be done on encounters with the following problems: Abnormal Uterine Bleeding, Infertility, Menopause, Contraception, Amenorrhea, Urogynecology Condition, Lower & Upper Genital Tract Infections, Hypertensive Disorders in Pregnancy, Diabetes in Pregnancy, Genetic Disorders in Pregnancy, Congenital Disorders in Pregnancy, Preterm Labor / Preterm Rupture of Membranes, pelvic pain, ovarian masses.

****Pediatrics:** H&Ps must include growth charts. Pediatric H&Ps and progress notes may be done during Family Medicine clinical experiences. Sioux Falls students will be expected to complete all H&Ps inpatient (please see ICE week handbooks).

*****Psychiatry:** The required notes must be completed for encounters covering the following diagnoses: anxiety, mood disorder, substance use disorder and thought disorder. H&Ps must use the specific Psychiatry form provided in D2L.

ONLINE CASES

- During Pillar 2, forty-four online cases from the Aquifer and Online MedEd Case X platforms are required.
- **Aquifer Cases**
 - Fourteen cases must be completed by the end of the Rural Family Medicine Preceptorship.
- **OnlineMedEd Case X**
 - The 30 required Case X modules may be completed in the order of the student's choosing.
 - To access Case X:
 - Use the following URL: <https://home.onlinemeded.org/>
 - Click on "Log In" in the upper right corner and log in with your USD email. This link can also be found on D2L in the Pillar 2 course.

STUDENT PATIENT EXPERIENCE LOG (SPEL)

- SPEL provides an ongoing record of a student's clinical experiences in medical school, which is necessary for the following:
 - Student self-assessment of the breadth and depth of their clinical experiences, as well as validation of experiences to prepare students for residency applications and matriculation.
 - Campus coordinating committee's monitoring of individual student progress through the Pillar 2 curriculum.
 - SSOM's monitoring of clinical curricular experiences to ensure sufficient breadth and depth of content covered.
 - Fulfillment of Liaison Committee on Medical Education (LCME) requirements for medical school accreditation.
- SPEL begins a habit of logging clinical experiences that will be required through post-graduate training (residencies and fellowships) and potentially future practice.
- **What is a SPEL experience?**
 - 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 a student rounds for three 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 a student sees a diabetic patient in clinic every three months for a total of three times, and they participate in each encounter, this is counted as three separate SPEL entries. Patient encounters like this may occur with hospital, clinic, or continuity patients.
 - **Document patients in SPEL for any of the following examples:**
 - Performed an H&P and completed an assessment with a faculty physician

- Participated in a medical procedure or surgery
 - Participated in obtaining a significant focused part of the history 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 and/or:
 - Discussed the differential diagnosis or diagnostic plan
 - Contributed to the discussion of a management plan
 - Counseled a patient regarding the management plan
 - Performed 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 the assigned attending in a clinic or hospital but did not actively examine or participate in that patient’s diagnostic or therapeutic plan
- How do students log SPEL?
 - SPEL is entered through a log in one45, which will be introduced during orientation.
 - 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 their experiences so that they can carry these habits into residency training and beyond as a future physician.
 - 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.
 - Please refer to the document on D2L in the SPEL module named *Pillar 2 SPEL Requirements Items List*, which lists the items you can log that will count toward the competencies.

#	REQUIRED CLINICAL ENCOUNTERS (SPEL)	Clinical Setting	Participation Level
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1	Child Health – Central Nervous System	Inpatient/Outpatient	Participated
3	Child Health – Chronic Medical Problem	Inpatient/Outpatient	Participated
3	Child Health – Dermatologic System	Inpatient/Outpatient	Participated
1	Child Health - Development	Inpatient/Outpatient	Participated
1	Child Health – Emergent Clinical Problem	Inpatient/Outpatient	Participated
3	Child Health - Gastrointestinal	Inpatient/Outpatient	Participated
1	Child Health - Growth	Inpatient/Outpatient	Participated
3	Child Health – Lower Respiratory	Inpatient/Outpatient	Participated
1	Child Health – Unique condition: Fever without localizing findings	Inpatient/Outpatient	Participated
1	Child Health – Unique condition: Neonatal Jaundice	Inpatient/Outpatient	Participated
3	Child Health – Upper Respiratory	Inpatient/Outpatient	Participated
5	Medical Conditions - Cancers	Inpatient/Outpatient	Participated
10	Medical Conditions - Cardiovascular	Inpatient/Outpatient	Participated
15	Medical Conditions - Dermatology	Inpatient/Outpatient	Participated
5	Medical Conditions – Ears/Nose/Throat	Inpatient/Outpatient	Participated
10	Medical Conditions - Endocrinology	Inpatient/Outpatient	Participated
15	Medical Conditions - Gastrointestinal	Inpatient/Outpatient	Participated
10	Medical Conditions – Preventive Care	Inpatient/Outpatient	Participated
3	Medical Conditions - Hematologic	Inpatient/Outpatient	Participated

15	Medical Conditions – Infectious Disease	Inpatient/Outpatient	Participated
5	Medical Conditions - Nephrology	Inpatient/Outpatient	Participated
3	Medical Conditions - Ophthalmology	Inpatient/Outpatient	Participated
5	Medical Conditions - Orthopedics	Inpatient/Outpatient	Participated
3	Medical Conditions – Psycho-social issues	Inpatient/Outpatient	Participated
15	Medical Conditions - Pulmonary	Inpatient/Outpatient	Participated
5	Medical Conditions - Rheumatology	Inpatient/Outpatient	Participated
5	Medical Conditions - Urology	Inpatient/Outpatient	Participated
10	Mental Health – Anxiety Disorders	Inpatient/Outpatient	Participated
10	Mental Health – Attention Deficit Hyperactivity Disorder	Inpatient/Outpatient	Participated
10	Mental Health – Cognitive Disorders/Dementia	Inpatient/Outpatient	Participated
1	Mental Health – Eating Disorders	Inpatient/Outpatient	Participated
10	Mental Health – Mood Disorders	Inpatient/Outpatient	Participated
5	Mental Health – Pervasive Developmental Disorders	Inpatient/Outpatient	Participated
5	Mental Health – Sleep Disorders	Inpatient/Outpatient	Participated
10	Mental Health – Substance Dependence	Inpatient/Outpatient	Participated
10	Mental Health – Thought Disorders	Inpatient/Outpatient	Participated
5	Neurology – Predominantly Chronic Neurologic Disorders	Inpatient/Outpatient	Participated
5	Neurology – Predominantly Transient/Paroxysmal Neurologic Dis.	Inpatient/Outpatient	Participated

3	Neurology – Predominantly Urgent/Emergent Neurologic Dis. Disorders	Inpatient/Outpatient	Participated
5	Surgery – Preoperative Evaluation (Day of Surgery in Hospital)	Inpatient	Participated
10	Surgery – Postoperative Evaluation (Day of Surgery in Hospital)	Inpatient	Participated
10	Surgery – Clinic Eval for New Diagnoses (Consult/HP)	Outpatient	Participated
10	Surgery – Clinic Eval Recent Post Procedure Follow-Up	Outpatient	Participated
1	Surgery – Injured Patient (Trauma) Evaluation in Emergency Room	Inpatient	Participated
2	Surgery – Emergent Surgical Patient (Non-Trauma) Evaluation in Emergency Room	Inpatient	Participated
10	Women’s Health – Gynecology Conditions	Inpatient/Outpatient	Participated
10	Women’s Health – Obstetrics Conditions	Inpatient/Outpatient	Participated
15	Women’s Health – Office Practice or Other	Outpatient	Participated
#	PROCEDURES (SPEL)	Clinical Setting	Participation Level
15	Child Health- Well-child exam	Outpatient	Participated
15	Child Health- Newborn exam	Inpatient/Outpatient	Participated
1	Child Health - Circumcision	Inpatient/Outpatient	Participated
2	Surgery – Bladder Catheter (Foley) Insertion	Inpatient	Participated
2	Surgery – IV Placement	Inpatient	Participated
2	Surgery –NG/OG Insertion (may be performed in OR/ER/IP)	Inpatient	Participated
10	Surgery – Endoscopy (EGD/Colonoscopy/Bronchoscopy)	Inpatient/Outpatient	Observed
20	Surgery - Abdominal or Thoracic Surgery (Chest/Abdomen/Pelvis)	Inpatient	Participated
1	Surgery – Central Venous Access (Central Line/Port)	Inpatient	Observed
1	Surgery - Breast (any breast procedure, including biopsy or Plastics procedure)	Inpatient	Participated
1	Surgery - Head/Neck (any procedure in deep neck, examples including vascular, airway, endocrine)	Inpatient	Participated
1	Surgery – Skin/Soft Tissue (procedures including skin, adipose tissue, fascia and/or muscle)	Inpatient	Participated
1	Surgery - Injured Patient (Trauma) in Emergency Room	Inpatient	Participated

1	Surgery – Acute Operative Trauma – participate in any procedure relating to the newly injured patient (recent 24-48 hours), preferably general surgery, however other disciplines are acceptable, such as ortho, plastics, etc.	Inpatient	Participated
3	Women's Health – Other Procedures	Inpatient/Outpatient	Participated
3	Women's Health - Pelvic Exam	Inpatient/Outpatient	Participated
2	Women's Health - Section Deliveries	Inpatient	Participated
8	Women's Health - Vaginal Deliveries	Inpatient	Participated

OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE)

- Successful completion of the Objective Structured Clinical Examination is required for graduation from the USD Sanford School of Medicine. Therefore, participation in the formative and summative OSCE is mandatory.
- OSCE consists of one formative (ungraded) examination and one summative (graded) examination that are held throughout the year.
- In each examination, students perform a series of clinical encounters with standardized patients and then document their progress notes reflecting the prior encounter.
- In addition to clinical cases, the OSCE can include a skills station dedicated to x-ray interpretation, EKG interpretation, and/or identification of heart and lung sounds on the Student Auscultation Manikin (SAM) and a blended simulation case.
- Cases depict common and important symptoms and diagnoses taught during the core clinical clerkships
- Specific questions about OSCE can be directed to the OSCE assistant, Angie Tuffs angie.tuffs@usd.edu or the Director, Dr. Donella Herman, donella.herman@sanfordhealth.org
-

CLINICAL DOCUMENTATION

- Creating and managing clear, concise, and thorough clinical documentation is a critical skill. Through Pillar 2, students will build on their introduction to clinical documentation in Pillar 1 through formal and informal clinical documentation assignments.
- With the guidance of their LIC preceptors, students should regularly create clinical documentation and seek feedback on their daily notes.
- In addition to the routine documentation completed as part of clinical experiences, students must submit documentation for formal assessment.
- General principles for all clinical documentation requirements:

- Following a patient work-up, the student should present the case and the typed patient write-up to an attending within one week. The oral case presentation should take 3 to 5 minutes and contain only pertinent information.
- If the original attending physician is not available, another physician faculty may hear the case presentation and complete the H&P assessment.
- Students should demonstrate their clinical reasoning within the presentation and written note, particularly within the assessment and plan section.
- No identifying patient information should be included, such as name, birthdate, and patient ID numbers.
- The assessment forms for these notes can be found in the Pillar 2 D2L shell in the Note Templates module. Students should provide a printed copy of the assessment form to their attending with each presentation.
- Once completed and signed by the attending, the student must submit the note to the campus education coordinator for credit. These will not be counted until they are handed in with an original signature and meet the requirements. (This means the inclusion of growth charts or other required elements.) (In Sioux Falls, these can be delivered to the student lounges and placed in the locked paperwork boxes picked up at regular intervals or uploaded to D2L).
- Students are encouraged to space their documentation completion throughout the year. If documentation requirements are completed early in each semester, students are still expected to continue practicing documentation skills as often as possible within their clinical experiences.
- First-semester documentation requirements:
 - These notes must be student-generated in Microsoft Word or similar without copying/pasting or printing from the EMR. This process is intended for students to build a foundation of good note-writing skills independent of aids contained within EMRs.
 - 17 complete history & physicals (H&Ps) – 2 per discipline + 3 during FM mini-block
 - 14 progress notes (SOAP/PSO notes) – 2 per discipline
 - **All H&Ps and progress notes required for the semester must be completed, assessed by an attending (or resident with a faculty appointment), and submitted to the campus education coordinator by 5:00 PM local time on the Friday one week before the end of the semester as indicated on the calendar and communicated by campus & OME staff. Benchmarks are in place to assist with completing notes on time.**
- Second-semester documentation requirements:
 - 14 complete history & physicals (H&Ps) – 2 per discipline
 - 14 progress notes (SOAP/PSO notes) – 2 per discipline
 - These notes may be student-generated in Microsoft Word or completed within the EMR if allowed by the attending and faculty. The attending may assess the note within the EMR. (Students should refrain from printing protected patient information and thus only need to turn in the assessment form to the education coordinator.)

- Suppose a student is placed on monitored academic status related to first-semester performance. In that case, they may be required to continue a similar process of turning in Microsoft Word-based documentation during the second semester.
- **All H&Ps and progress notes required for the semester must be completed, assessed by an attending (or resident with a faculty appointment), and submitted to the campus education coordinator by 5:00 PM local time on the Friday one week before the end of the semester as indicated on the calendar and communicated by campus & OME staff. Benchmarks are in place to assist with completing notes on time.**
- Campus education coordinators and/or faculty preceptors may require students to revise and resubmit unsatisfactory notes.
- Failure to complete and submit the required clinical documentation by the deadlines in each semester will be reflected in the discipline-specific grade and/or professionalism competency.

OBSERVED ENCOUNTER (OE)

- Students must complete an observed **problem-focused history and physical or mental status exam** in each core discipline during each semester.
- OE process:
 - The student and their preceptor should plan the encounter, so both know that an OE is being completed.
 - It is expected that the attending the student is working complete the OE. If an attending had a specific APP that they work with and directed a student work with them for the OE, it is expected that the attending physician will sign off on the OE in One45 and review the feedback with the student after consulting with the APP.
 - Upon completion of the encounter, the preceptor should provide verbal feedback.
 - The student must generate an OE assessment form through One45 through which the attending will complete their written assessment. (If the student fails to send this form through One45, the preceptor has no means for documenting completion of the OE and providing an assessment.)
- **One OE must be completed in each discipline each semester (for a total of 7 OEs in spring and 7 OEs in fall).** The first semester observed encounters comprise a completion grade within each discipline (S/U), while second-semester scores will contribute to the overall fall Patient Care grade. This requirement is in addition to the three required observed encounters during the Family Medicine Mini-Block/Preceptorship.
- Campus education coordinators and department assistants will collaborate to ensure that OE assessment forms are submitted by the deadline.
- **Observed encounters for each semester must be submitted in One45 the Friday one week before the end of each semester at 5:00 PM local time to allow time for attendings to complete the assessment before calculating final grades.**

CLINICAL ATTENDANCE AND LEAVE

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

Holidays

- During Pillar 2, students are granted the following 6 holidays*:
 - New Year’s Day
 - Memorial Day
 - Fourth of July
 - Labor Day
 - Thanksgiving Day
 - Christmas Day
 - *Note that when a holiday falls on Saturday or Sunday, vacation is observed on Friday or Monday, respectively.

Vacation

- Students may take **six vacation days (full-day equivalent – may take in ½ day increments)** over the course of Pillar 2.
- **NOTE: Vacation or education days are not permitted without advanced approval from the Pillar 2 Director during the mini-blocks, test weeks, OSCE, or palliative care.**
- In addition, leave cannot be used to eliminate a scheduled night shift.
- Vacation time must be taken for missed SDL, or “white space.”
- Students **are not required** to make up holiday or approved vacation days.

- Students must complete an **Absence Request Form** (found on D2L in the Forms module) when planning time away and **submit to campus education coordinator at least two weeks prior to leave.**

Wellness

- Wellness days are separate from vacation days. There are no educational or clinical responsibilities on these specific days.
- These days are granted by the Medical School. Please see the Pillar 2 Calendar for details, but current wellness days include:
 - Friday before Memorial Day
 - Friday before Labor Day
 - Friday after Thanksgiving
 - Monday after NBME finals

Education

- Students may take **up to five education days** to attend formal or structured activities that enhance their learning. These activities may include workshops or medical conferences, although they are not limited to these activities.
- Education days should not be taken for study.
- Students **are required** to make up time missed from school activities for education days.
- Students must complete an **Absence Request Form** (found on D2L in the Forms module) when planning time away and submit it to the campus education coordinator at least two weeks prior to the planned leave.

Sick or Other Absences

- Absences during Pillar 2 due to personal illness and/or family crisis will be privately discussed between the student and the campus dean (or designee). Students are responsible for notifying their preceptors and the campus education coordinator immediately when absent and submitting an **Absence Request Form** (found on D2L in the Forms module) within 48 hours, proposing how they will choose to make up the missed clinical, didactic, or self-directed learning time.
Students are granted up to two days (four half-days) for personal illness without any required makeup. If the absence creates a situation wherein a learner does not meet the minimum number of half-days for that discipline, the learner will be required to make up that activity.
- Students may elect to use a vacation day to avoid making up time missed due to a personal illness or family crisis.

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

CONTINUITY PATIENTS

- Through Pillar 2, students must identify a group of continuity patients who they will follow more closely throughout the year. A student sees these patients through at least three clinical encounters, and they are best identified early in the year to facilitate close follow-up.
- Continuity patients may be identified in inpatient or outpatient settings throughout the year. Examples of continuity patients include:
 - A patient with polytrauma encountered during a surgery experience who requires multiple surgeries and follow-up appointments.
 - A pregnant patient encountered during obstetrics clinic. (This would also be an opportunity to pick up her newborn as a continuity patient for their first few visits.)
 - An elderly patient encountered during internal medicine clinic diagnosed with cancer and undergoing chemotherapy.
- **Students should identify 4-5 continuity patients in each discipline, totaling at least 28 patients.**

- Some of these student-patient relationships will involve numerous meaningful encounters during the year.
- Students should follow their continuity patients by attending their patients' surgeries or deliveries or accompanying them to outpatient appointments.
- By choosing what healthcare encounters to attend with their continuity patients, students will have opportunities to direct their learning and pursue areas of individual interest.
- Leaving a scheduled LIC clinic may be necessary for students to attend an appointment or procedure for a continuity patient. Students should inform their clinic preceptor and arrange to make up clinic absences during their self-directed learning time.
- Students should designate it as a continuity patient encounter when entering a continuity patient encounter in Student Patient Experience Log (SPEL).
- Each clinical site has its own method to help facilitate the connection and contact students may have with their continuity patients. For example, some electronic medical records allow students to add their names to the care team and receive notifications about admissions, procedures, and discharges. Other systems require students to use a consent form to be added to a call list that will inform them of a patient's admission or care. A student should familiarize themselves with the method that works best for their campus and take every advantage to be involved in the care of various patients across the core disciplines in Pillar 2.
- Near the end of Pillar 2, each student will present a continuity patient in Small Group.

HOSPITAL ROUNDS

- In addition to the assigned ambulatory experiences throughout the year, students are expected to participate in hospital-based activities. Students should complete hospital rounds on hospitalized continuity patients, such as post-operative patients or postpartum patients and their newborns, daily. These rounds should include at least one weekend day if hospitalized over the weekend.
- Hospital rounds are typically conducted in the morning. Students may need to "pre-round" or check on their patients before rounding with the attending physician or resident. Students should have a good understanding of their patient(s), changes that have occurred over the past day, and a plan for the subsequent day. Students may need to arrive at the hospital early, often an hour before scheduled rounds, to meet these expectations. Please check with the attending regarding these expectations.

OVERNIGHT SHIFTS AND ACUTE CARE/URGENT CARE SHIFTS

- In Pillar 2, all students are given opportunities to take day and overnight shifts. Please remember that a student's attentiveness and engagement of faculty, staff, and residents during this time will make for a better learning experience during day and overnight shifts. It is also

essential to understand and learn the expectations and rules of day and overnight shifts for each clinical campus. Duty hours should always be followed when participating in any weekday or weekend day and overnight shift experience.

- Acute care/urgent care shifts are included in the curriculum for Rapid City and Sioux Falls students. Yankton campus and FARM students are exposed to acute and urgent situations through their ER shifts throughout their Pillar 2 experience. The goal of this experience is to increase students' exposure to acute illnesses or situations in order for them to gain the confidence needed to appropriately manage these conditions. Rural family medicine physicians are responsible for a wide variety of acute situations. This experience will give learners a taste of what it may look like to practice in rural locations and consider this as a future career option, in line with our school's mission.

YANKTON – SHIFTS

- Students in Yankton will spend approximately one evening, 6:00 - 11:00 PM, every ten weekdays, and one weekend day approximately every 7-8 weeks from 9 AM – 9 PM, working with Emergency, Labor & Delivery, and Surgery Department providers.
- As in all aspects of the LIC, the shifts portion is student-centered, and the student is responsible for seeking out opportunities to learn skills in ED, Labor & Delivery, and Surgery. The student should first focus on the ED. If there are no patients in the ED, students may choose Labor & Delivery or Surgery opportunities. If there are no patients in Labor and Delivery or Surgery, students are expected to be in the Emergency Room the entire time.
- **NOTE:** To enhance continuity of patient care: Should a patient come to ER, delivery, or admissions that another student has been and is following, the student on shift is responsible for notifying their classmate. Although this student then has the option of coming to the hospital to see and care for their patient, it is expected that this student will make this extra effort to see their patient.

SIOUX FALLS – OB, SURGERY, AND ACUTE/URGENT CARE SHIFTS

- Sioux Falls OB Shifts
 - Students will complete four shifts during Pillar 2:
 - Shifts last 12 hours and may be worked either AM or PM.
 - Night shifts are not required but are highly recommended when the student's schedule allows.

- Students must complete all four required shifts during the same semester as their Inpatient Clinical Experiences (ICE weeks).
 - Students should select their preferred shifts using the Sign-Up Genius link provided by campus staff.
 - Students will be present on the Labor and Delivery unit for the entire shift, in a laborist model. The student is expected to be “in-house” for the entire shift, ideally at the L&D nurses’ station or with patients.
 - If learning opportunities are limited in the L&D (e.g., very few patients with slow progress), the student may seek learning opportunities in the postpartum unit and newborn nursery while still being available for L&D as patients and situations change.
 - The student will assist with all deliveries during the 12-hour shift unless per patient request.
 - Shifts cannot be substituted for students' scheduled LIC clinic time or OR time spent with their attending.
- **Sioux Falls Surgery Shifts**
 - Students will complete four night shifts with the surgical services, which will include a patient’s post-operative visit, follow-up assessment, and progress note.
 - Shifts will be a minimum of 12 hours with up to 4 hours of additional work to allow for rounding on post-op patients.
 - Students must complete all four required shifts during the same semester as their Inpatient Clinical Experiences (ICE weeks).
 - Shifts must be scheduled back-to-back on consecutive Friday and Saturday nights.
 - Students should select their preferred shifts using the Sign-Up Genius link provided by campus staff.
 - All night shifts will be “in-house” for the consistency of student experiences.
 - Shifts cannot be substituted for students' scheduled LIC clinic time or OR time spent with their attending.
- **Sioux Falls Acute Care Shifts**
 - Students on the Sioux Falls campus are required to complete 8 hours of acute care shifts each semester outside of their normally scheduled LIC rotations.
 - Shifts can be completed in 4 or 8-hour increments pending site-specific availability.

- Available shifts for both Sioux Falls campuses are at Sanford acute care.
- Students will sign up using a Google document that is maintained by the Family Medicine Department Assistant.
- Students will need to plan accordingly and are responsible for completing these shifts outside of their normally scheduled LIC shifts, using independent learning time if needed.
 - Sign up for these shifts will be on a first come first serve basis.
 - There should only be one student per shift.
- It is recommended to have shifts scheduled well before the end of each semester to avoid any issues with completing this requirement.
- An acute care form must be signed and turned into the Sioux Falls Education Coordinator after each shift.
 - You can find this form on D2L or request it be sent to your email.
- Completion of these hours are necessary and will be part of the documentation requirements under the Family Medicine grade for each semester.

RAPID CITY – OB, SURG, IM SHIFTS, NIGHT SHIFTS, RESIDENT ROUNDS, AND URGENT CARE SHIFTS

Some night shifts are integrated into your ICE Weeks, on the Fridays of your ACS (Surgery) and Hospitalist (Internal Medicine) weeks (once per semester). Additional day and night shifts (to include other night requirements) are as follows:

- **6 12-hour OB Shifts on L&D Floor:**
 - Three (3) 12-hour OB shifts, to include one (1) night shift, must be completed (outside of your normal, scheduled LIC shifts) each semester, to total six (6) shifts, including two (2) night shifts, for all of Pillar 2. See your Benchmark requirements for exact dates. The OB form must be completed, signed by the eligible party, and turned into Teams to receive credit.
 - You can complete this with your regular Attending or with anyone on shift on the L&D floor.
 - When reporting to the L&D floor, change into scrubs and put your name/affiliation on the board. Attend the 6:30pm huddle in the lounge and introduce yourself to the Charge Nurse. If working with laborist(s) on shift instead of your own Attending, introduce yourself and make it known you are there to be part of as many deliveries as you can.
- **16 hours of Urgent Care/Acute Care Call in an urgent care setting:**

- Eight (8) hours of an UC shift must be completed (outside of your normal, scheduled LIC shifts) each semester, to total sixteen (16) hours for all of Pillar 2. See your Benchmark requirements for exact dates. The UC form must be completed, signed by the eligible party, and turned into Teams to receive credit.
- You do not have to complete all 8 hours at once – you can break it up. However, you will need to turn in forms for each shift, to still total 8 per semester/16 for all of Pillar 2.
- **Resident Rounds with the Family Medicine Residency:**
 - One (1) full day of rounds must be completed. This is due with your midterm Benchmark requirements. The RR form must be completed, signed by the eligible party, and turned into Teams to receive credit.
 - These can be scheduled by sending an email to: fmresidency@monument.health; it will typically take some time to get a response back.
 - If for some reason you do not get a response within a few weeks, you can opt to just show up at the physician’s lounge at 10:30am and ask to do rounds with them in person.

FARM SHIFTS

- FARM students will complete an average of one weeknight shift every other week and one 12-hour weekend shift per 4-week cycle. FARM shifts can be “home” shifts where the student is at home but can be called in to the hospital while at home.
- Shifts includes the Surgery and OB cases that present to the Emergency Room or cases as directed by the “shift” physician.
- Shift requirements begin in April for all students.
- For the February cohort, shift requirements for August are 1 weeknight. March cohort students will follow the normal shift requirements for August.
- There is no shift requirement in January (if you have met your shift requirements for the preceding months).
- At a minimum students should have 16 weeknight shifts and 8 weekend shifts recorded in your activity logs.

INDEPENDENT LEARNING

- Independent learning is a critical element of the LIC curriculum and a skill necessary for lifelong learning. Students have approximately 2 half-days each week during which they are not pre-scheduled in the clinic or operating room. To make the best use of this time, we strongly encourage students to consider the following uses of independent learning:
 - Follow continuity patients.

- Pursue areas of clinical interest. Whenever possible, such activities should involve more than simply observing patient care with a subspecialist but rather active participation in the clinical work.
- Attend grand rounds and other local educational sessions.
- Complete Pillar 2 requirements and/or general reading/studying. (Note: General studying may be the least effective use of SDL time. Reading is critical but better done on a scheduled basis during evenings and weekends.)
- Work on scholarly activities, including research projects, Journal Club preparation, Clinical Ethics course work, Radiology course work, Cultural Immersion course work, Scholarship Pathways projects (if enrolled), FARM Community Projects, etc.
- Previous students and faculty members have found that students may best organize independent learning as follows:
 - First Semester
 - Focus on establishing continuity patients – see next section for details.
 - Focus on completing Pillar 2 requirements, including SPEL, online cases, clinical documentation, etc.
 - Second Semester
 - Continue to focus on continuity patients and Pillar 2 requirements.
 - Consider utilizing roughly 2/3 of the time to study, focusing on clinical knowledge needed for clinical experiences, as well as examination preparation.
- All campuses will have 3 days of independent learning prior to NBME weeks. Campuses may require events this week at their discretion.
- Independent learning can be used to exchange with a scheduled clinic for professional reasons. Discuss this with the respective LIC attending and the campus education coordinator before the switch.
- Independent learning is **not** a vacation or free time. Therefore, students should not move clinic days or half days to create independent learning as vacation time. Prior approval through submission of an absence request form is required for any time away from patient care or educational activities.
- Students are expected to be at the student center (Yankton/Rapid City) between 8 AM and 5 PM if they are not participating in patient care during SDL.
- If a student does not make satisfactory progress in their Pillar 2 requirements as judged by the campus advising committee, the campus dean and education coordinator may assume responsibility for directing/planning the student's independent learning.

LEARNING ISSUES AND MAJOR DIAGNOSES OR CLINICAL TOPICS

Identifying and addressing learning gaps is an essential lifelong skill. Learning issues can help students direct their own learning, develop clinical reasoning, and better understand important principles and 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. Some faculty have requested a list of the major diagnoses or topics to cover for the clerkship year. To facilitate discussion and ensure that some of these key topics are covered, a list of “Top 10” diagnoses by discipline can be found at the end of this handbook. That section also includes Professionalism, Diversity, and Quality (PDQ) topics that cross all disciplines. Students should be able to identify their own learning issues but may need some guidance from clinical faculty. One or two learning issues are appropriate for a 2–4-hour clinic session. The 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 clinical faculty understand the goal

SMALL GROUP

- Designed much like patient-based learning sessions in Pillar 1, Pillar 2 small groups focus on the process of developing, researching, and reporting on learning issues to improve knowledge retention.
- Student small group sessions are scheduled regularly on each campus, but the specific schedule varies by campus, and students will be notified by their campus education coordinator or designated staff.
- The groups are typically 5-6 students and one faculty facilitator.
- Faculty facilitators may include basic science or clinical faculty. They often work outside of their specific area of expertise and thus, serve as a guide for the group’s process. Faculty may only briefly step out of the facilitator role to offer comments or advice.
- Session Structure
 - Patient presentation
 - A group member will choose to present a patient they have seen.
 - Another student will serve as the scribe on the whiteboard.
 - The history of the present illness will be presented first. Then, the scribe will write down important data, group questions, hypotheses, and learning issues.
 - The presenter will answer questions raised over historical data and present the PMH, PSH, ALL, MEDS, FH, SH, and ROS **if necessary to the discussion or if the group requested the data.**
 - The presenter will provide the physical examination as the students request it.
 - The group will review the data, questions, hypothesis, and learning issues for additions or deletions.
 - The group members distribute the various learning issues, ensuring all learning issues have been assigned.
 - Study / Research Time

- Students will research learning issues and prepare to present findings.
- Learning Issues
 - The group shares and discusses each of the learning issues.
 - There should also be a discussion about the resources used for the learning issues - what was helpful, not beneficial, etc.
- Each session will end with a brief discussion of the group dynamics – what went well and what could be improved. Finally, the facilitator will review interactions and complete an assessment of every small group member.
- Please refer to the grading rubrics on D2L in the Pillar 2 course for additional information.

CAREER COUNSELING

Choosing a career specialty is the single most important personal decision facing medical students, and students begin seriously thinking about this as they enter their years of clinical training. We have important resources to help the faculty members and students navigate this important process.

The University of South Dakota Sanford School of Medicine participates in the CAREERS IN MEDICINE program of the AAMC. This is an excellent website which offers valuable information to both students and faculty, including the areas of choosing a specialty and getting into a residency. The site contains all the information necessary to assist students in career counseling and is at <https://www.aamc.org/students/medstudents/cim>. Please contact suzanne.reuter@usd.edu, Associate Dean of Medical Student Affairs if you have difficulty logging on to the web site. One of the most useful resources at this site is the “Specialty Pages” that gives detailed information about most medical specialties.

Finally, the web site “FREIDA” lists information on every accredited resident training program in the country and gives valuable information such as the average board scores of the residents they accepted the previous year, and other important facts. This site can be accessed at <http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page>.

ASSESSMENT AND FEEDBACK

One45

The OME uses an online assessment and evaluation platform, One45, for all clinical assessments in Pillar 2, as well as course and faculty evaluations. All assessments in Pillar 2 are completed by the assigned faculty member via One45. One45 is an electronic education record, like an electronic medical record. As such, the OME is required to follow the federal law pertaining to the privacy of student educational records, known as the Family Educational Rights and Privacy Act (FERPA)². In addition, the OME must follow South Dakota Board of Regents policies (see 3:5³) and LCME Standard 11.5 pertaining to the confidentiality of student educational records. Therefore, access to One45 and the content therein will be “limited to school officials with legitimate educational interest” as outlined by FERPA. Individuals will

only have access to the functions needed to perform their professional responsibilities. Additionally, once an assessment has been submitted to One45 by a faculty member it becomes part of the student's permanent educational record and cannot be changed.

Each faculty member must provide a current preferred email address to receive assessments of student performance. To update or change your email address for this purpose please contact your department assistant. Faculty members will be sent an email link when they have assessments to complete. This link will prompt the faculty member to complete the student's assessment via one45, the digital assessment platform utilized by SSOM. All assessments of student performance for the clerkship should be completed using this method. Students are formally evaluated by their clinical faculty member at least twice during the clerkship. The basic outline of the form can be found on the next page in this handbook. Prompt completion and return of these forms is appreciated.

Faculty members are expected to complete the assessment of student performance within two weeks of receiving the first email from "USD Sanford school of Medicine (via one45) to complete the assessment. This assessment should be completed online using the one45 platform. The faculty will receive weekly reminders to complete the assessment via one45 until the assessment is completed.

In addition to the actual grade or score, students find written comments most helpful. **Attending faculty are required to include specific written narrative assessments on these assessment forms.**

Students are also asked to evaluate their clinical faculty. A copy of this "Student Evaluation of Clinical Faculty" form can be found after the faculty assessment form.

Please make note of the following assessment dates for attendings & campus advisors for CO 2027:

February Cohort*

First Semester

April 28, 2025	Self-assessments release
May 2025	Mid-semester face-to-face meetings (using self-assessments)
June 9-13, 2025	Formative OSCE & Cultural Immersion
June 20, 2025	CCSE #1
June 25, 2025	CCSE score reports released to students in D2L
July 14, 2025	Assessments and evaluations sent – 1 st semester
July 2025	End-of-semester face-to-face meetings (review of CCSE & attending assessments)

August 1, 2025	Attending assessment of student performance due & last day for students to submit all documentation, campus activities, and other learning requirements for 1 st semester by 5 pm local time.
August 4, 2025	Friday Academy logs due by 5 pm local time
August 8, 2025	Adviser assessments due / end of 1 st semester
September 5, 2025	1st semester grades released to students in One45
September 21, 2025	Appeals due @ 11:59 pm local time

Second Semester

August 7 -15, 2025	NBME Midyear Exams
August 20, 2025	NBME scores released in D2L
September 26, 2025	Self-assessments released
October 2025	Mid-semester face-to-face meetings (using self-assessments)
October 20-24, 2025	Cultural Immersion Posters & Summative OSCE
November 24, 2025	CCSE #2
December 1, 2025	CCSE score reports released to students
January 5, 2026	Assessments and evaluations sent – 2 nd semester
January 2026	End-of-semester face-to-face meetings (review of CCSE & attending assessments)
January 9, 2026	Friday Academy logs due by 5 pm local time
January 16, 2026	Attending assessment of student performance due & last day for students to submit all documentation, campus activities, and other learning requirements for 2nd semester by 5 pm local time.
January 30, 2026	Adviser narrative assessment of competencies due
Jan. 22 –30 2026	NBME End-of-Year Exams
February 4, 2026	NBME scores released in D2L/One45
March 6, 2026	2 nd Semester grades released to students in One45
March 22, 2026	Appeals due @ 11:59 pm local time

March Cohort*

First Semester

May 29, 2025	Self-assessments released
June 2025	Mid-semester face-to-face meetings (using self-assessments)
June 9 – 13, 2025	Formative OSCE & Cultural Immersion Week

July 18, 2025	CCSE #1
July 23, 2025	CCSE score reports released to students in D2L
August 4, 2025	Friday Academy logs due by 5 pm local time
August 11, 2025	Assessments and evaluations sent – 1 st semester
August, 2025	End-of-semester face-to-face meetings (review of CCSE & attending assessments)
August 29, 2025	Attending assessment of student performance due & last day for students to submit all documentation, campus activities, and other learning requirements for 1st semester by 5 pm local time.
September, 2025	Adviser assessments due / end of 1 st semester
October 4, 2025	1st semester grades released to students in One45
October 20, 2025	Appeals due @ 11:59 pm local time
<u>Second Semester</u>	
Sept. 4 – 12, 2025	NBME Midyear Exams
September 17, 2025	NBME scores released in D2L
October 20-24, 2025	Cultural Immersion Posters & Summative OSCE
October 31, 2025	Self-assessments released
November 2025	Mid-semester face-to-face meetings (using self-assessments)
December 19, 2025	CCSE #2
December 29, 2025	CCSE score reports released to students in D2L
January 9, 2026	Friday Academy logs due by 5 pm local time
January 30, 2026	Assessments and evaluations sent – 2 nd semester
February 2026	End-of-semester face-to-face meetings (review of CCSE & attending assessments)
February 13, 2026	Attending assessment of student performance due & last day for students to submit all documentation, campus activities, and other learning requirements for 2nd semester by 5 pm local time.
February 20, 2026	Adviser narrative assessment of competencies due
February 19-27, 2026	NBME End-of-Year Exams
March 4, 2026	NBME scores released in D2L/One45
March 27, 2026	2 nd Semester grades released to students in One45
April 12, 2026	Appeals due @ 11:59 pm local time

PILLAR 2 STUDENT ASSESSMENT, PROGRESS, AND POSSIBLE ACTIONS

- Throughout Pillar 2, the SSOM and Pillar 2 leadership strive to give students the tools they need to direct their learning and plan for their future careers. Feedback and formal assessment are two of the most important tools provided to students.
- Student progress is reviewed at least monthly throughout the year. Student feedback, recommendations, and remediation plans or deadlines, in most instances, are communicated to the students through their Pillar 2 advisor.

Monthly Feedback

- Each month, a summary of the students' progress with feedback for improvement is documented in One45 by the Pillar 2 advisor (or delegate). This can be viewed by the student in One45.
- Education coordinators keep records of extracurricular or other achievements that the advising committee may use to assess performance in the competencies.
- The Pillar 2 advisor is responsible for providing additional verbal feedback to the student if necessary.

Mid-Semester Feedback

- Students must receive face-to-face feedback at the mid-point of each semester.
- Students will be charged with leading a significant portion of this discussion through their self-assessment form in One45.
- Completion of required self-assessments will be reflected in the Practice-Based Learning and Improvement Competency grade. Self-assessments completed after the due date will be deducted 10% from the overall grade each week it is not completed (i.e., two weeks late= 80%). A score below 74.999& and below (i.e. 3 weeks late) will result in a unsatisfactory score.
- The specific meetings are:
 - May/June (First Semester) – Before the face-to-face meeting, the student will receive a self-assessment form in One45, which must be completed ahead of the face-to-face meeting with their Pillar 2 advisor. Additionally, the student must bring the completed self-assessment to the meeting. The student and Pillar 2 advisor will review the student's self-assessment and discuss ongoing knowledge and skill development plans at the meeting. The student and the Pillar 2 advisor will receive a One45 form to confirm that this meeting occurred.
 - October/November (Second Semester) – Before the face-to-face meeting, the student will receive a self-assessment form in One45, which must be completed ahead of the face-to-face meeting with their Pillar 2 advisor. Additionally, the student must bring the completed self-assessment to the meeting. The student and their Pillar 2 advisor will review the student's self-assessment and final 1st-semester grade document to determine ongoing knowledge and skill development plans. The student and the Pillar 2 advisor will receive a One45 form to confirm that this meeting occurred.

End-of-Semester Feedback

- Like the mid-semester feedback meetings, students must receive end-of-semester performance feedback.
- The specific meetings are:
 - 1st Semester: July/August – The student and their Pillar 2 advisor will review the student’s CCSE score and the narrative attending assessments.
 - 2nd Semester: January/February – The student and their Pillar 2 advisor will review the student’s CCSE score and the narrative attending assessments.

PILLAR 2 GRADES

- The following grading scale will be used for all coursework assigned a letter grade:
 - A = 90% – 100%
 - B = 80% - 89.999%
 - C = 75% - 79.999%
 - D = 60% - 74.999%
 - F = 59.999% and below
- For coursework graded on a satisfactory/unsatisfactory scale, any composite score at or above 75% is satisfactory. A composite score of 74.999% or below is unsatisfactory. Even if the composite score is above 75%, unsatisfactory scores on specific assessment components may require follow-up with a students’ campus dean.
- A uniform assessment scale is used to provide a grading scheme for attending assessments, presentations, and other projects throughout Pillar 2.
 - 100% - Student met objective independently
 - 92% - Student was able to meet the objective independently with minimal prompting by attending/facilitator
 - 84% - Student needed assistance to meet objective
 - 76% - Student required significant assistance to meet objective; additional practice is needed to meet the expectations
 - 68% - Student did not meet objective; student is performing well below the level of their peers and major concerns exist, significant remediation is required

	Student did not meet objective.	Student required significant assistance to meet objective.	Student needed some assistance to meet objective.	Student was able to meet objective independently without prompting by facilitator/attending.	Student met objective independently and exceeded the goal.
Pillar 1	Does Not Meet Expectations (68% - C)	At Expected Level of Training (84% - B)	Above Expected Level of Training (92% - A)	Clearly Outstanding (100% - A)	
Pillar 2	Does Not Meet Expectations (68% - D)	Below Expected Level of Training (76% - C)	At Expected Level of Training (84% - B)	Above Expected Level of Training (92% - A)	Clearly Outstanding – (100% - A)
Pillar 3	Does Not Meet Expectations (60% - D)	Does Not Meet Expectations (68% - D)	Below Expected Level of Training (78% - C)	At Expected Level of Training (88% - B)	Clearly Outstanding – (100% - A)

- This scale represents the evolving expectation of continuous growth of medical students as they move throughout the SSOM Medical Program.
- Pillar 2 is administered in two distinct semesters to align with USD policies and procedures. The course credit breakdown is listed below with the corresponding grade scheme.

FIRST SEMESTER COURSES	CREDITS	GRADE	SECOND SEMESTER COURSES	CREDITS	GRADE
Family Medicine Clerkship I	2	S/U	Family Medicine Clerkship II	2	A-F
Internal Medicine Clerkship I	2	S/U	Internal Medicine Clerkship II	2	A-F
Neurology Clerkship I	1	S/U	Neurology Clerkship II	1	A-F
Obstetrics/Gynecology Clerkship I	2	S/U	Obstetrics/Gynecology Clerkship II	2	A-F
Pediatrics Clerkship I	2	S/U	Pediatrics Clerkship II	2	A-F
Psychiatry Clerkship I	1	S/U	Psychiatry Clerkship II	2	A-F
Surgery Clerkship I	2	S/U	Surgery Clerkship II	2	A-F
Patient Care I	2	S/U	Patient Care II	2	A-F
Medical Knowledge I	2	S/U	Medical Knowledge II	2	A-F
Practice-Based Learning & Improvement I	2	S/U	Practice-Based Learning & Improvement II	2	A-F
Interpersonal and Communication Skills I	2	S/U	Interpersonal & Communication Skills II	2	A-F
Professionalism I	2	S/U	Professionalism II	2	A-F

FIRST SEMESTER COURSES	CREDITS	GRADE	SECOND SEMESTER COURSES	CREDITS	GRADE
Systems-based Practice I	2	S/U	Systems-based Practice II	2	A-F
Radiology	1	S/U	Friday Academy	1	S/U
Clinical Ethics	1	S/U	Cultural Immersion Experience	1	S/U
Total Credits	26		Total Credits	27	

Grade Breakdown

First Semester Grades

- A satisfactory/unsatisfactory grade will be assigned for each discipline and competency.
- A satisfactory/unsatisfactory will be given for the Radiology and Clinical Ethics courses.
- Students will receive their grades in One45, including narrative feedback in each discipline and competency.
 - Narrative feedback in each discipline will come from the observed encounter in that discipline.
 - Narrative feedback for each competency will come from the student's Pillar 2 advisor, who will review other assessments and activities and monthly feedback and summarize the student's achievement in each competency.
- Any student receiving a deficient (unsatisfactory) grade will be referred to the Student Progress and Conduct Committee (SPCC). The SPCC determines subsequent remediation.
- If a student wishes to appeal their assigned grade for any course within Pillar 2, they should consult the *Medical School Grievance Procedures* section of the Medical Student Affairs handbook.

Second Semester Grades

- A percent/letter grade will be assigned for each discipline and competency.
- Students will receive their grades in One45, including final NBME subject exam scores and narrative feedback in each discipline and competency.
 - Narrative feedback in each discipline will come from the mid-year and end-of-year faculty assessment of student performance in that discipline.
 - Narrative feedback for each competency will come from the student's Pillar 2 Advisor, who will review other assessments and activities and monthly feedback and summarize the student's achievement in each competency.
- Any student receiving a deficient (D) or failing (F) grade for any discipline or competency will be referred to the SPCC. The SPCC determines subsequent remediation.

- If a student wishes to appeal their assigned grade for any course within Pillar 2, they should consult the *Medical School Grievance Procedures* section of the Medical Student Affairs Handbook.

The following table provides further details about the components of each semester's grades:

CO 2027 Pillar 2 Grade Components by Semester

<u>Course</u>	<u>1st semester - Satisfactory (S)/Unsatisfactory (U)</u>	<u>2nd semester - Graded (A, B, C, D, F)</u>
Family Medicine	<ul style="list-style-type: none"> • 1 observed encounter • documentation requirements Narrative from (1st semester) Observed Encounter	<ul style="list-style-type: none"> • 40% NBME subject exam (highest of 2 attempts) • 10% Medical Knowledge portion of 1st semester attending assessment • 10% Medical Knowledge portion of 2nd semester attending assessment • 10% Patient Care portion of 1st semester attending assessment • 10% Patient Care portion of 2nd semester attending assessment • 20% Documentation requirement -Narrative from 1st & 2nd semester Attending Assessments
Internal Medicine	<ul style="list-style-type: none"> • 1 observed encounter • documentation requirements Narrative from (1st semester) Observed Encounter	<ul style="list-style-type: none"> • 40% NBME subject exam (highest of 2 attempts) • 10% Medical Knowledge portion of 1st semester attending assessment • 10% Medical Knowledge portion of 2nd semester attending assessment • 10% Patient Care portion of 1st semester attending assessment • 10% Patient Care portion of 2nd semester attending assessment • 20% Documentation requirement -Narrative from 1st & 2nd semester Attending Assessments

Neurology	<ul style="list-style-type: none"> • 1 observed encounter • documentation requirements <p>Narrative from (1st semester) Observed Encounter</p>	<ul style="list-style-type: none"> • 40% NBME subject exam (highest of 2 attempts) • 10% Medical Knowledge portion of 1st semester attending assessment • 10% Medical Knowledge portion of 2nd semester attending assessment • 10% Patient Care portion of 1st semester attending assessment • 10% Patient Care portion of 2nd semester attending assessment • 20% Documentation requirement <p>-Narrative from 1st & 2nd semester Attending Assessments</p>
OB/Gyn	<ul style="list-style-type: none"> • 1 observed encounter • documentation requirements <p>Narrative from (1st semester) Observed Encounter</p>	<ul style="list-style-type: none"> • 40% NBME subject exam (highest of 2 attempts) • 10% Medical Knowledge portion of 1st semester attending assessment • 10% Medical Knowledge portion of 2nd semester attending assessment • 10% Patient Care portion of 1st semester attending assessment • 10% Patient Care portion of 2nd semester attending assessment • 20% Documentation requirement <p>-Narrative from 1st & 2nd semester Attending Assessments</p>
Pediatrics	<ul style="list-style-type: none"> • 1 observed encounter • documentation requirements <p>Narrative from (1st semester) Observed Encounter</p>	<ul style="list-style-type: none"> • 40% NBME subject exam (highest of 2 attempts) • 10% Medical Knowledge portion of 1st semester attending assessment • 10% Medical Knowledge portion of 2nd semester attending assessment • 10% Patient Care portion of 1st semester attending assessment • 10% Patient Care portion of 2nd semester attending assessment • 20% Documentation requirement <p>-Narrative from 1st & 2nd semester Attending Assessments</p>

Psychiatry	<ul style="list-style-type: none"> • 1 observed encounter • documentation requirements <p>Narrative from Observed Encounter</p>	<ul style="list-style-type: none"> • 40% NBME subject exam (highest of 2 attempts) • 10% Medical Knowledge portion of 1st semester attending assessment • 10% Medical Knowledge portion of 2nd semester attending assessment • 10% Patient Care portion of 1st semester attending assessment • 10% Patient Care portion of 2nd semester attending assessment • 20% Documentation requirement <p>-Narrative from 1st & 2nd semester Attending Assessments</p>
Surgery	<ul style="list-style-type: none"> • 1 observed encounter • documentation requirements <p>Narrative from (1st semester) Observed Encounter</p>	<ul style="list-style-type: none"> • 40% NBME subject exam (highest of 2 attempts) • 10% Medical Knowledge portion of 1st semester attending assessment • 10% Medical Knowledge portion of 2nd semester attending assessment • 10% Patient Care portion of 1st semester attending assessment • 10% Patient Care portion of 2nd semester attending assessment • 20% Documentation requirement <p>-Narrative from 1st & 2nd semester Attending Assessments</p>
Patient Care	<ul style="list-style-type: none"> • Patient Experience Log (92 clinical & 42 Procedures) • Continuity Patient experiences <p>-Narrative from Coordinating Committee Advisor assessment</p>	<ul style="list-style-type: none"> • 30% Patient Experience Log (Completion of SPEL) • 60% Observed Encounters (average of all 7 clerkships) • 10% Palliative Care Workshop <p>-Narrative from Coordinating Comm. Advisor Assessments (2nd semester)</p>
Medical Knowledge	<ul style="list-style-type: none"> • CCSE (Passing at the 5th percentile) 	<ul style="list-style-type: none"> • 80% CCSE Score 2nd semester • 20% Grand Rounds <p>-Narrative from Coordinating Comm. Advisor Assessments (1st semester & 2nd semester)</p>

<p>Practice-Based Learning and Improvement</p>	<ul style="list-style-type: none"> • Passing score (>75%) Practice-Based Learning and improvement portion of 1st semester attending assessment (average of all 7) • Practice Triple Jump Exercise (#1) • Graded Triple Jump exercise (#2) • Self-assessment <p>-Narrative from 1st semester Coordinating Committee Advisor assessment</p>	<ul style="list-style-type: none"> • 50% Practice-Based Learning and improvement portion of 2nd semester attending assessment from all clerkships (average of all 7) • 30% Final Triple Jump Exercise (#3) • 20% Self-assessment <p>-Narrative from Coordinating Comm. Advisor Assessments (2nd semester)</p>
<p>Interpersonal and Communication Skills</p>	<ul style="list-style-type: none"> • Passing score (>75%) Interpersonal and Communication Skills portion of 1st semester attending assessment (average of all 7) • Small Group Activity <p>-Narrative from 1st-semester Coordinating Committee Advisor assessment</p>	<ul style="list-style-type: none"> • 50% Interpersonal and Communication Skills portion of 2nd semester attending assessments from all clerkships (average of all 7) • 25% Small Group Activity • 25% Journal Club <p>-Narrative from Coordinating Comm. Advisor Assessments (2nd semester)</p>
<p>Professionalism</p>	<ul style="list-style-type: none"> • Passing score (>75%) Professionalism portion of 1st semester attending assessment (average of all 7) • Passing score (>75%) Professionalism portion from Coordinating Committee Advisor assessment <p>-Narrative from 1st-semester Coordinating Committee Advisor assessment</p>	<ul style="list-style-type: none"> • 50% Professionalism portion of 2nd semester attending assessments (average of all 7) • 50% Professionalism portion of Coordinating Committee Advisor assessment <p>-Narrative from Coordinating Comm. Advisor Assessments (2nd semester)</p>
<p>System-Based Practice</p>	<ul style="list-style-type: none"> • Passing score (>75%) System Based Practice portion of 1st semester attending assessment (average of all 7) • HQIP seminar <p>-Narrative from 1st semester Coordinating Committee Advisor assessment</p>	<ul style="list-style-type: none"> • 50% System Based Practice portion of 2nd semester attending assessments (average of all 7) • 50% HQIP <p>-Narrative from Coordinating Comm. Advisor Assessments (2nd semester)</p>

Examinations

- **Pillar 2 Comprehensive Clinical Science Subject Exam (CCSE) Testing Policy**
 - Students are required to take the National Board of Medical Examiners (NBME) Comprehensive Clinical Science Subject Exam during the 1st and 2nd Semesters of their Pillar 2 year.
 - To receive a satisfactory score on the first administration of the examination the student must score at or above the 5th percentile nationally.
 - Students who score below the 5th percentile will be required to remediate the exam. This will involve a retake of the exam within 4 weeks of the original administration. No dedicated time off from regular Pillar 2 activities will be granted during this period.
 - If the student subsequently scores below the 5th percentile on their second attempt, their grade for first semester course IMC 715 Medical Knowledge I will be deemed a “U”, or unsatisfactory, and the learner will be removed from the Pillar 2 curriculum. They will also be referred to Student Progress and Conduct (SPCC) for consideration of dismissal. If they score above the 5th percentile on this second attempt their grade will be an “S”, satisfactory, for the first semester.
 - The CCSE is also administered a second time at the end of the second semester of Pillar 2. To pass the 2nd semester administration of the CCSE, the student must score at or above the 15th percentile nationally.
 - If a student scores below the 15th percentile on this administration of the exam they will be required to remediate the examination, like the 1st semester, within four weeks of the exam.
 - If the second attempt results in a score above the 15th percentile it will be scored according to the conversion table for that cohort of students, but the student will not be able to achieve higher than a “B” in IMC 716 Medical Knowledge II.
 - Should the student not score above the 15th percentile on the second attempt they will be not pass IMC 716 Medical Knowledge II with a “D” grade and will be referred to SPCC at the completion of the semester for consideration of dismissal and not be able to start Pillar 3 until SPCC has determined the next course of action.

- Before the first administration of the CCSE for any cohort of students, the CCSE Examination Conversion Table will be provided in Pillar 2 D2L shell.

- **NBME Subject Exams**

- Students are required to take each of the NBME subject exam in each of the seven disciplines twice during Pillar 2, once at the beginning of 2nd semester and once at the end of 2nd semester.
- This testing occurs over seven business days, with one exam daily in the morning. Exams may be moved to afternoons or two in one day due to weather, IT issues, or other items that may delay or prevent testing.
-

Day of week	Exam testing for Mid & End Year
1 st Thursday	Internal Medicine
1 st Friday	Surgery
Monday	Neurology
Tuesday	Psychiatry
Wednesday	Ob/Gyn
2 nd Thursday	Pediatrics
2 nd Friday	Family Medicine

- The highest of the two subject exam scores in the same discipline will contribute to the overall final discipline grade for second semester.
- Students must achieve a passing score (currently $\geq 15^{\text{th}}$ percentile) on at least one of the two administrations of the NBME Subject Examinations for each discipline regardless of the student's overall discipline grade. In other words, a student must pass each NBME subject exam at least once to pass that discipline.
- The Pillar 2 NBME Subject Examination Conversion Table will be provided in the Pillar 2 D2L shell before the mid-year NBME subject exams.

NBME Subject Exam Opt-Out Policy

- Students who score $\geq 85^{\text{th}}$ percentile nationally on their first NBME exam attempt may choose to opt-out of the second NBME exam in that same discipline if:
 - They passed all NBME subject exams on the first attempt AND
 - Are approved by their campus dean and advising committee to opt-out
- Students will be offered the opportunity to make this decision by the end of December, and the decision will be documented through submission of the One45 NBME Opt-Out form. The completed form will be sent to the campus dean for final approval.

NBME Subject Exam Monitored Academic Status Policy

- Students who fail four or more NBME subject exams at mid-year at the end of the first semester will be placed on monitored academic status.
- Students on monitored academic status will be required to meet with their campus dean and the assistant dean of academic development to assess their study plan for the remainder of Pillar 2.

MEDICAL STUDENT DUTY HOURS POLICY

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

Duty hours are defined as all clinical and academic activities related to the medical education program, i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent 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 Advising 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. The exceptional circumstance in which a student may choose to return to the hospital with fewer than eight hours' break is for the care of a continuity patient. These additional hours of care will be counted toward the 80-hour weekly limit and the one-day-off-in-seven requirement.
- 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 shifts no more frequently than every third night (averaged over a four-week period). *In-house shifts* are defined as those duty hours beyond the normal workday, when students are required to be immediately available in the assigned institution.
- Time spent on patient care activities by students on at-home shifts must count toward the 80-hour and one-day-off-in-seven requirements. *At-home shifts* (or *pager shifts*) are defined as a phone call taken from outside the assigned institution. The frequency of at-home shifts is not subject to the every- third-night limitation. At-home shifts, however, must not be so frequent as to preclude rest and reasonable personal time for each student. Students taking at-home shifts 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 shifts in their programs and make necessary scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

DUTY HOURS & SHIFT ACTIVITIES

- In-house shifts are defined as those duty hours beyond the normal workday when students are required to be immediately available in the assigned institution. In-house shifts must occur no more frequently than every third night, averaged over 4 weeks. Continuous on-site duty, including in-house shifts, 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 shifts (or pager shifts)* are defined as a phone call taken from outside the assigned institution. The frequency of at-home shifts is not subject to the every-third-night limitation. At-home shifts (FARM), however, must not be so frequent as to preclude rest and reasonable personal time for each student. Students taking at-home shifts must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over 4 weeks.
- 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 shifts in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

POLICY FOR PILLAR 2 SUBJECT EXAMINATION FAILURE AND RETESTING

The following policy applies to students who do not achieve a passing score on the seven clinical subject exams in either of two attempts during Pillar 2.

- Students must achieve passing grades in all NBME subject exams for the seven primary disciplines prior to beginning Pillar 3. The passing grade for each discipline (15th percentile nationally) is defined in the Pillar 2 Student Handbook.
- Students who do not achieve a passing score on at least one of the two NBME subject exam attempts in a clerkship will not pass that clerkship.
- Students who do not achieve a passing score on at least one of the two NBME subject exam attempts in a clerkship must retake the exam(s) no later than four weeks after the end of Pillar 2. They may not begin Pillar 3 clinical rotations until they receive a passing score on all seven subject exams.
- Students who pass on the third attempt on an NBME subject exam complete the requirements to pass that respective clerkship.
 - The score from the third NBME subject exam attempt will be used in the grade calculation for that clerkship.
 - A student who requires a third attempt to pass their subject exam in any clerkship will not be able to achieve a grade higher than a B in that clerkship.
- Students who fail a subject exam for a third time will be assigned a grade of D in that clerkship and referred to the Student Progress and Conduct Committee (SPCC) for determination of required remediation or other action up to and including dismissal.
 - If SPCC determines the student should be given a fourth attempt to take the NBME subject exam, the student will be enrolled in a new remediation clerkship.

- The student will be enrolled in the remediation course in the term immediately following the failed clerkship, and the student will have to pay for the remediation.
- The remediation plan will be determined by SPCC. If the student is allowed a fourth attempt at the NBME subject exam and passes the exam, the fourth attempt score will be for clerkship remediation course grade, assuming all other SPCC-required remediation work has been satisfactorily completed.
- The transcript of any student who completes a remediation clerkship will have both the original clerkship with a grade of D and a notation of “R” for remediation displayed along with the remediation clerkship course and earned grade.
- The remediation clerkship grade will be utilized in the calculation of the grade point average (GPA.)

**Students may appeal the grade or action based on the medical school policy on student appeal.

ASSESSMENT OF CASE PRESENTATION & WRITE-UP OF H&P FORM

First Attempt **Pillar 2 Spring Semester H&P Assessment**
 Second Attempt

Clinical documentation is a key area of focus during the clinical experiences of Pillar 2. Students are required to write and verbally present two new patient H&Ps (ambulatory or inpatient) per semester in each discipline. During the spring semester (February – July), students must focus on generating H&Ps outside of the EMR and without any copying/pasting from the EMR.

Student's Name _____ Date of Encounter _____

Patient's Initials _____ Date of Presentation _____ Discipline _____

Key: S =Satisfactory; U = Unsatisfactory; N/A = Not applicable to the specific encounter

History	S	U	N/A
Chief concern: Concise and in the patient's or caregiver's words			
History of present illness: Organized flow with exploration of the chief concern(s)			
Pertinent past medical history, social history, and family history: Targeted to the specifics of the encounter. (For pediatric patients, a complete developmental history must be included.)			
Review of systems: Only pertinent aspects included			
Physical Examination			
General description of the patient			
Vital signs presented. (For patients ≤18 years old, a growth chart must be included.)			
All pertinent positives and only pertinent negatives of the exam were included			
Assessment & Plan			
The problem list is complete			
An adequate differential diagnosis is given for each problem in order of likelihood			
An appropriate diagnostic plan is given for each problem			
An appropriate therapeutic plan is given for each problem			
A plan for follow-up & patient education is provided when appropriate			
Oral Presentation			
Presentation was succinct and thorough, capturing the necessary elements for the listener to understand the clinical encounter			
Oral presentation was completed within 48 hours of the encounter and H&P within 1 week			
Overall Assessment			

Narrative Feedback: Please include areas of strength and opportunities for improvement and growth. (Notations may also be made on the H&P document itself.) If the faculty preceptor has a concern about missing requirements or the overall quality of the note, they should require note revision. This form should be withheld until the activity is satisfactorily completed.

Faculty Preceptor Signature **Date Completed**


Upon completion of this form, the student must turn this assessment into their campus education coordinator. If the education coordinator has concerns about missing elements, the note may be returned to the student for revision and re-review by faculty.

Campus Education Coordinator Review	Y	N
All required elements present in the H&P, including growth charts if appropriate		
The H&P is student-generated without copying/pasting from the EMR		

Campus Education Coordinator Comments:

Campus Education Coordinator Signature **Date**

OBSERVED HISTORY AND PHYSICAL EXAMINATION IN A PATIENT ENCOUNTER FORM

 University of South Dakota Pillar 2	Evaluated By: evaluator's name Evaluating : person (role) or moment's name (if applicable) Dates : start date to end date	
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* indicates a mandatory response

Observed Patient Encounter

Instructions to Clinical Faculty

Observed encounters are designed to give students formative, practical feedback in their clinical skills. Please use this as an opportunity to provide real-time verbal and written feedback to the student.

To successfully complete an observed encounter, we suggest prompting the patient with something like the following as appropriate:

"I am Dr. ___ and I am supervising (student's name). I would like to observe how (student's name) conducts this visit today. I will stand in the corner and watch and listen; please act as though I am not here. When (student's name) is done, I will jump in and we will finalize the plan together."

* I have no prior or current doctor-patient relationship, or any other relationship, that might present a conflict of interest in my assessment of this student's performance.

- Agree
 Disagree

If you "disagree" please explain.

*Discipline

Please rate the student on history taking, physical exam skills, and communication.


	Student did not meet objective; Student is performing well below the level of their peers, major concerns exist, and significant remediation is required.	Student required significant assistance to meet objective; major concerns exist, and significant remediation is required.	Student needed assistance to meet objective; additional practice is needed.	Student was able to meet the objective independently with minimal prompting by attending or facilitator.	Student met objective independently.
*History taking: Did the student demonstrate open-ended and directive questions, and obtain all appropriate elements?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Physical Exam: Did the student perform appropriate elements, perform and interpret correctly, and was efficient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Communication: Did the student demonstrate clarity, respect, empathy, kindness, and provide education?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* Please provide specific, actionable feedback on things this student did well or can improve upon in the areas of history taking, physical exam, and/or communication skills.

*Sign and date:

Please type your name (representing your signature) and the date.

STUDENT ASSESSMENT OF FACULTY FORM

 UNIVERSITY OF SOUTH DAKOTA SANFORD SCHOOL OF MEDICINE	University of South Dakota Pillar 2	Evaluated By: <i>evaluator's name</i> Evaluating : <i>person (role) or moment's name (if applicable)</i> Dates : <i>start date to end date</i>
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* indicates a mandatory response

Student Evaluation of Clinical Faculty

The data you provide in the following survey is confidential (your name will not be attached to the data you provide). However because many of the clinical faculty teach only a few students each year, faculty may be able to identify the information source. For this reason, please choose when you would like this evaluation to be added to the composite data for this faculty member.

- After grades have been submitted for this clerkship
- After the end of this academic year
- After your graduation

How much contact have you had with this faculty member?

- ≤1 week
- >1 and ≤3 weeks
- >3 weeks

Please rate this faculty member in the following areas:

	Unable to Evaluate	Rarely	Occasionally	Usually
1. Demonstrated interest in your learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Communicated expectations for the learning experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Gave you appropriate level of patient care responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Provided appropriate level of supervision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Observed your interactions with patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Gave timely and constructive feedback.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Engaged you in problem solving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Demonstrated the use of medical literature in clinical decision making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Demonstrated enthusiasm for their discipline.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Demonstrated professional behavior with patients, staff, and you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

The following will be displayed on forms where feedback is enabled...
 (for the evaluator to answer...)

PILLAR 3 SPECIFIC REQUIREMENT

Non-Clinical Requirements

1. Professionalism paper
2. Meetings with coaches
3. Interprofessional Experience (During TTR)
4. Transition to Residency—1 week
5. Medical Student Affairs Course—1 week

Required Clinical Rotations

1. Emergency Medicine—3 weeks.
2. Sub-Internship of student's choice—4 weeks
3. Rural Family Medicine—4 weeks
4. Surgical Subspecialties
 - a. Two 2-week block sessions of student's choice

Credits

1. Total required credits—17
2. Total elective credits—34
3. Flex time-13-14 weeks
4. Restrictions
 - a. Max of 24 credits in each discipline
 - b. Max of 16 extramural credits

STUDENT ATTENDANCE

ATTENDANCE AND LEAVE POLICY

- Attendance is mandatory for all clerkship activities unless prior approval has been obtained per the absence policy.
- **Excused absences require prior approval two weeks in advance of the requested date and completion of an Absence Request Form** which is found on D2L under the "Forms" module.
- The campus dean (or designee) will address absences or needed changes in LIC or call schedules due to illness or emergency on an individual basis. Unexcused absences will be reported to the campus dean's office and may necessitate review by the Student Progress and Conduct Committee (SPCC). Punctuality is essential, expected, and part of professionalism competency.

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

Holidays

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

Vacation

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

SICK OR OTHER ABSENCES

- Absences during Pillar 3 due to personal illness and/or family crisis will be privately discussed between the student and the Pillar 3 Director (or designee). Students are responsible for notifying their preceptors and the respective department assistant immediately when absent and submitting an **Absence Request Form** (found on D2L in the Forms module) within 48 hours, proposing how they will choose to make up the missed clinical, didactic, or self-directed learning time.
- An unexcused absence will be reflected on the student's written record and may adversely affect the final grade. Unexcused absences are considered a breach in professionalism and may cause a student to fail the professionalism competency grade. Students failing the professionalism competency grade will be referred to Student Progress and Conduct Committee for further action.

RESIDENCY INTERVIEW LEAVE POLICY

- Attendance will be mandatory for all Pillar 3 rotations.
- Students will need to use vacation/flex time when absent for 50% or more of a week for interviewing.
- Students are responsible for notifying their department assistant and preceptor for all interviews.
 - Notifications for less than 3 business days will be accepted only at the discretion of the preceptor/department.

- 1 day per-week average during a rotation will be allowed for Residency Interviews.
- If extra time is required:
 - If 2 days are required within a week it must be approved by the preceptor/department and makeup will be determined by preceptor.
 - If the leave is greater than or equal to 3 days in a single week or 4 days on average across 2 weeks, then a Pillar 3 Absence Request Form needs to be completed, and the week of rotation needs to be repeated. This will need to be approved by the preceptor, Pillar 3 director and Dean of Student Affairs.
 - The Pillar 3 Absence Request Form can be found under the Handbook, Scheduling, Forms & Resource Links module.
- Unexcused Absences will be reported to the Campus Dean's office and may necessitate review by the Student Progress and Conduct Committee (SPCC)