UNIVERSITY OF
SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

PILLAR 2 FACULTY HANDBOOK

CLASS OF 2026

2024-2025

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TABLE OF CONTENTS

Pillar 2 FACULTY HANDBOOK 1

THANK YOU FOR YOUR TEACHING 4

CONTACT INFORMATION 5

COMPETENCIES 9

PILLAR 2 CALENDAR: 2023-2024 11

What is a Longitudinal Integrated Curriculum? 11

GUIDELINES FOR LIC FACULTY 11

POLICY ON NARRATIVE ASSSESSMENT 13

STUDENT Pillar 2 Faculty ADVISOR 13

TEACHER/LEARNER RESPONSIBILITIES AND MISTREATMENT 13

PROCEDURE FOR REPORTING STUDENT MISTREATMENT 14

nON-INVOLVEMENT OF PROVIDERS OF STUDENT HEALTH SERVICES IN STUDENT ASSESSMENT 15

POLICY ON CLINICAL SUPERVISION 15

PROFESSIONALISM 15

ELECTRONIC MEDICAL RECORD (emr) 16

- **Access** 17
- **Release of Medical Information** 17
- **Student-Generated Records** 17
- **Student Patient Encounter Log (SPEL)** 18
- **Verbal communication** 18
- **Electronic Transmission** 18
- **Disposal** 18

SUMMARY OF THE LEARNING EXPERIENCE 18

GUIDELINES FOR THE PILLAR 2 STUDENTS 19

PILLAR 2 REQUIREMENTS 20

Online cases 22

- Pediatrics Online Learning 24

STUDENT PATIENT EXPERIENCE LOG (SPEL) 24

- Objective Structured Clinical Examination (OSCE) 27
- Clinical Documentation 27
- Observed Encounter (OE) 29

STUDENT ATTENDANCE POLICY 30
Attendance and Leave Policy 30
Holidays 30
Vacation 30
Wellness 31
Education 31
Sick or Other Absences 31
CONTINUITY PATIENTS 32
HOSPITAL ROUNDS 33
Call, Overnight Shifts, and Acute Care/Urgent Care Shifts 33
Yankton – ER On-Call Shifts 35
Sioux Falls – OB, Surgery, and Acute/Urgent Care Shifts 35
Rapid City – OB/Surg Call, Night Shifts, Resident Rounds, and Urgent Care Shifts .. **Error! Bookmark not defined.**
FARM Call 38
SELF-DIRECTED LEARNING (WHITE SPACE) 38
LEARNING ISSUES AND MAJOR DIAGNOSES OR CLINICAL TOPICS 39
SMALL GROUP 40
CAREER COUNSELING 41
ASSESSMENT AND FEEDBACK 41
PILLAR 2 STUDENT ASSESSMENT, PROGRESS, AND POSSIBLE ACTIONS 44
Pillar 2 Grades 45
Grade Breakdown 47
Policy for Pillar 2 Subject Examination Failure and Retesting 53
Appeals Process 54
STUDENT ISSUES AND CONCERNS 55
ONE45 LOGIN/TASK INFORMATION 55
OBSERVED HISTORY AND PHYSICAL EXAMINATION IN A PATIENT ENCOUNTER FORM 59
STUDENT Assessment OF FACULTY FORM 60
MAJOR DIAGNOSES AND CLINICAL TOPICS 62

THANK YOU FOR YOUR TEACHING

UNIVERSITY OF
SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

Dear Valued LIC 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 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. However, consistent data show that the cost and time pressures experienced because of this tension are reduced in the Longitudinal Integrated Clerkship (LIC) when compared to a block clerkship format. Clinicians and students can build a collaborative working relationship 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 student's 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 LIC 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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MEDICAL STUDENT COMPETENCIES

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

Objectives: Students are expected to:

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

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

Objectives: Students are expected to:

- Acquire, integrate and apply established and emerging principles of basic and clinically supportive sciences to the care of patients and other aspects of evidence-based healthcare.
- Demonstrate an investigatory and analytical thinking approach to clinical situations involving human health and disease.

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-assessment and life-long learning.

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

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

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

Objectives: Students are expected to:

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

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

Objectives: Students are expected to demonstrate:

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

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

Objectives: Students are expected to:

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

Revised September 3, 2019

PILLAR 2 CALENDAR: 2024-2025

The most up to date version of the Pillar 2 Calendar 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 LIC 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 student or you (Clinical Faculty) is ill or cannot be in the office.
- Any other policies of which student should be made aware.

Orientation – Office

- Show the student his/her "office space" and the rest of your office.
- Introduce the student to your staff and describe their responsibilities; include how the student 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 student

Student Involvement with Patients – Also see "Summary of the Learning Experience"

- 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 student 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 upmost 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 opportunity to write notes in each clinical encounter.
- A complete list of Pillar 2 student requirements is included in this handbook.

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.

POLICY ON NARRATIVE ASSSESSMENT

A narrative description of a medical student's performance, including his or her non-cognitive achievement (e.g., communication skills, professionalism), is **required** as a component of the assessment in a required course and clerkship. This narrative assessment will be included in the student's MSPE (Dean's) letter with residency applications.

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.

TEACHER/LEARNER RESPONSIBILITIES AND MISTREATMENT

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.

Faculty should convey state of the art information about the skills and knowledge necessary for the practice of medicine. As mentors, faculty should exhibit high levels of professionalism in interacting with students, colleagues, and staff. Respect for individuals should be without regard to sex, race, color,

creed, national origin, ancestry, citizenship, gender, gender identification, transgender, sexual orientation, religion, age, genetic information, veteran status, or disability. A realization that students are also members of the community and have additional obligations to others as well as themselves should be recognized. Students should not be belittled, abused, or exploited.

To become good doctors, students should do their utmost to acquire the knowledge, skills, attributes, and behavior presented by faculty and staff. Students should exhibit professionalism in terms of honesty, compassion, integrity, dependability, respect of faculty, staff, fellow students, or patients without regard to race, color, creed, national origin, ancestry, citizenship, gender, transgender, sexual orientation, religion, age, genetic information, veteran status, or disability. (Excerpted from USD SSOM Teacher/Learner Responsibilities.)

POLICY ON STUDENT MISTREATMENT

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 1:17 – Sexual Harassment:
https://www.sdbor.edu/policy/documents/1-17.pdf
Section 1:18 – Human Rights Complaint Procedures:
https://www.sdbor.edu/policy/documents/1-18.pdf
Section 1:19 – Equal Opportunity, Non-Discrimination, Affirmative Action:
https://www.sdbor.edu/policy/documents/1-19.pdf
Section 1-23 – Employee-Employee and Faculty-Student Consensual Relationships:
https://www.sdbor.edu/policy/documents/1-23.pdf

Link to Medical School Faculty Handbook
https://www.usd.edu/medicine/student-and-faculty-handbooks

PROCEDURE FOR REPORTING STUDENT MISTREATMENT

REPORTING: Any student may report alleged cases of violation of this policy to any one of the following:

- Dean or Assistant Dean of Medical Student Affairs, (605-658-6300)

- Dean of Faculty Affairs (605-357-1306) or a Campus Dean (Rapid City 605-791-7800; Yankton 605-668-3065; Vermillion 605-658-6324)
- Coordinator of Student Professional Support Services, (605- 658-6333)
- Health Affairs Human Resources Director, (605-357-1388)
- Directly to another faculty member
- Via one45 using the Concern Form

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

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.

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 dean/assistant dean of medical student affairs to have the assignment changed.

POLICY ON CLINICAL SUPERVISION

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

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. As a medical school we emphasize the following behaviors of professionalism:

- **Altruism** - Physicians subordinate their interests to the interests of others.
  - Show appropriate concern for others, including going "the extra mile" without thought of reward
  - Put yourself "in others' shoes" while still maintaining objectivity
- **Honor and Integrity** - Physicians are truthful, admit errors, and adhere to high ethical and moral standards.
  - Display honesty, forthrightness, and trustworthiness
  - Model ethical behavior, including confronting or reporting inappropriate behavior amongst colleagues
  - Admit errors and seek and incorporate feedback

- **Caring, Compassion, and Communication** – Physicians take time to talk to patients and families, break bad news with compassion, and communicate effectively with colleagues.
    - Work well with others
- **Respect** - Physicians treat patients with respect and deal with confidential information appropriately.
    - Demonstrate respect for and sensitivity to patients (beliefs, gender, race, culture, religion, sexual orientation, and/or socioeconomic status)
    - Maintain sensitivity to confidential patient information
    - Respect authority and other professionals within the interprofessional team
- **Responsibility and Accountability** - Physicians fulfill their professional responsibilities and know their limitations.
    - Meet deadlines and be punctual for all assigned tasks. This includes educational and professional practice requirements, e.g., immunizations, EMR training, infection control training, etc.
    - Follow policies and procedures, including attending all required educational activities
    - Assume responsibility when appropriate and ask for help when needed
    - Maintain neat personal appearance*
- **Excellence and Scholarship** - Physicians demonstrate conscientious clinical decision making, seek to advance their learning and commit to spreading and advancing knowledge.
    - Set and actively work toward personal goals
- **Leadership** – Physicians advocate for the profession and promote the development of others.

- Students will be assessed regularly by their LIC attendings and campus advising committees based upon the behaviors listed above.
- Professional and Unprofessional Behavior Report Forms can be found in D2L or on the medical school Web Portal found under *Forms*.
- Dress Code:
    - Students should be aware the clinical sites may have specific guidelines regarding facial hair, tattoos, piercings, etc. If specific accommodations are needed, the student will work directly with the Office of Medical Student Affairs.
    - Students must wear a clean, white coat with a name badge at all times when engaged in any clinical activity.

Surgical scrubs are permitted in the operating room (OR) or emergency department (ED) but should NOT be worn out of the hospital. When leaving the OR for short periods or when on call, students should always wear a white coat over the scrubs and change into new scrubs before returning to the OR.

ELECTRONIC MEDICAL RECORD (EMR)

As stated in its Medical Student Education Objectives, the Sanford School of Medicine expects that students will demonstrate *compassion for patients and respect for their privacy and personal dignity*.

The Sanford School of Medicine Student Code of Professional Conduct prohibits *showing lack of compassion or respect for patients and others by breaching confidentiality.* Finally, the Affirmation of the Physician recited by students at matriculation and graduation states, "*I will hold in confidence all that my patient relates to me*." To that end, the following policy relating to the written, verbal, and electronic aspects of patient confidentiality and medical record use requires each student's attention and signature.

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

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 a signed authorization from the patient, a parent or custodial parent in the case of a minor, the patient's legal guardian or a person having the patient's Power of Attorney. This applies also to facsimile, voice and electronic mail.

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

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

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

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

Electronic Transmission
Due to lack of privacy, email, 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.

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.

SUMMARY OF THE LEARNING EXPERIENCE

Expose the learner to all the things you do as a physician and as a member of the community

- How you relate to other specialists and medical professionals
- How you keep up on medical knowledge
- What you do in the hospital and in other settings
- Your participation in professional organizations
- Your civic and community activities

Require novice learners to observe you performing various skills with the selected patients

- Taking a focused history
- Performing part of an examination
- Performing a procedure
- Counseling a patient

Model clinical exam skills and professional behaviors at the bedside

- Remember that while you may have an efficient work flow, how you model these behaviors can impact our learners
- Focus on and identify professional behaviors
- Remember to model appropriate methods of physical exam techniques
    - Stethoscope to skin when capable
    - More comprehensive physical exam techniques when appropriate

<u>Provide opportunities for the learner to see patients first (alone)</u>

- Take the history
- Perform the examination
- Form their own impressions about diagnosis
- Generate a management plan
- Report to you
- Draft patient orders
- Draft medication prescriptions
- Arrange for follow-up
- Document in the patient chart or in the form of a virtual note on paper

<u>Organize the visit for the learner</u>

- "Prime" the learner by providing pertinent patient-specific background information, e.g., "Mrs. Jones is a healthy 28-year-old woman and is here for her yearly examination. At her age, what are the important screening issues to be covered?"
- "Frame" the visit by focusing on what should be accomplished at this visit and how long it should take, e.g., "This patient has several problems, but today I'd like you to focus on the patient's care of her diabetes. Spend 15 minutes taking the history and performing a focused physical exam, then come find me."

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 patient 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**
25	All Pediatric Didactic Videos (OnlineMedEd)
#	**Other Activities**
443	Student Patient Experience Log (SPEL)
4	OSCE (2 Formative & 2 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	Friday Academy
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 Family Medicine Mini-Block/Preceptorship. The specific Family Medicine Aquifer case names and numbers are listed below.
    - To access Aquifer:
        - Students will receive an email from Aquifer stating that they have been added to a custom course.
        - Go to www.aquifer.org and select "Sign In." Use your USD email and password set up when registering.
        - The custom course, Sanford School of Medicine – Pillar 2 Online Cases – Class of 2024, should be listed. This contains the Family Medicine cases. This link can also be found on D2L in the Pillar 2 course.
    - For any issues with logins, please refer to this link: https://www.aquifer.org/support/students. This link can also be found on D2L in the Pillar 2 course.
    - As part of self-directed learning, students can choose to reset the Aquifer cases and work through them again to enhance learning. If you reset a case:
        - Students should confirm with their Campus Education Coordinator that they have recorded the case completion. If the student does not confirm with the education coordinator and the case has not been recorded, the student will have to complete it again to fulfill the requirement.
        - All progress in the case will be cleared and reset, including student notes. Previous data will not be available, so students should consider downloading the note if needed.
        - Case resets will show on Student and Faculty Reports.
    - **Family Medicine –** 14 Aquifer Cases (14 Due by the end of the Family Medicine Rural Preceptorship)
        - Case 1: 45 year old female annual exam
        - Case 2: 55 year old male annual exam

        - Case 5: 30 year old female with palpitations
        - Case 6: 57 year old female presents for diabetes visit
        - Case 8: 54 year old male with elevated blood pressure
        - Case 10: 45 year old male with low back pain
        - Case 11: 74 year old female with knee pain
        - Case 18: 24 year old female with headaches
        - Case 19: 39 year old male with epigastric pain
        - Case 20: 28 year old female with abdominal pain
        - Case 25: 38 year old male with shoulder pain
        - Case 26: 55 year old male with fatigue
        - Case 29: 72 year old male with dementia
        - Aquifer Oral Presentation Skills (Skills 1-4)
- **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.
    - Internal Medicine – 13 Case X modules (found under Medicine)
        - Cardiology 3
        - Endocrinology 3
        - Endocrinology 4
        - Gastroenterology 3
        - Gastroenterology 9
        - Hematology-Oncology 2
        - Infectious Disease 1
        - Infectious Disease 5
        - Nephrology 2
        - Pulmonology 3
        - Pulmonology 5
        - Pulmonology 6
        - Rheumatology 1
    - Psychiatry
        - 1 of the 4 Psychiatry Case X modules (found under NeuroPsych)
    - Surgery
        - All 12 Surgery Case X modules
    - OB/GYN
        - All 7 Ob/Gyn Case X modules
- **Students must complete at least 22 cases by Friday, one weeks before the end of the semester at 5:00 PM local time. (This includes 14 Aquifer cases and at least 13 Case X modules.)**
- **All 44 cases must be completed by Friday, two weeks before the end of the second semester at 5:00 PM local time.**

- Failure to complete is a professionalism issue and may result in an adjustment in the professionalism grade.

Pediatrics Online Learning

- All 25 pediatric didactic videos in Online Med Ed at https://home.onlinemeded.org/
- **These must be completed by the Friday one weeks before the end of the second semester at 5:00 PM local time.**

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
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

#	REQUIRED CLINICAL ENCOUNTERS (SPEL)	Clinical Setting	Participation Level
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 – Health Maintenance	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
1	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 Disorders	Inpatient/Outpatient	Participated
3	Neurology – Predominantly Urgent/Emergent Neurologic 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
15	Women's Health – Gynecology Conditions	Inpatient/Outpatient	Participated
15	Women's Health – Obstetrics Conditions	Inpatient/Outpatient	Participated
#	**PROCEDURES (SPEL)**	**Clinical Setting**	**Participation Level**
15	Child Health- Well-child exam	Outpatient	Participated
10	Child Health- Newborn exam: infant 2 weeks of age or less		

#	REQUIRED CLINICAL ENCOUNTERS (SPEL)	Clinical Setting	Participation Level
5	Child Health- Newborn exam: infant 2 weeks of age or less & 1 observed circumcision required)	Inpatient/Outpatient	Participated
5	Medical Procedures	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 – 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
42	Surgery – Total Surgical Experiences	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 (10 total vaginal/section)	Inpatient	Participated
8	Women's Health - Vaginal Deliveries (10 total vaginal/section)	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 formative and summative OSCEs is mandatory.
- OSCE consists of two formative (ungraded) examinations and two summative (graded) examinations that are held throughout the year.
- In each examination, students perform a series of clinical encounters with standardized patients and then document their progress note reflecting the prior encounter.
- In addition to clinical cases, the OSCE also includes a skills station dedicated to x-ray interpretation, EKG interpretation, and/or identification of heart and lung sounds on the Student Auscultation Manikin (SAM) and a blended simulation case.
- Cases depict common and important symptoms and diagnoses taught during medical school training.
- The two summative exams count for 50% (average of both exams) for the 2nd semester Patient Care competency grade

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 out through 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/APSO 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/APSO notes) – 2 per discipline

    - These notes may be student-generated in Microsoft Word or completed within the EMR if allowed by the attending and facility. 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 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.**

STUDENT ATTENDANCE POLICY

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 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.
- Also, note that there are some holidays when the SSOM offices are closed, but Pillar 2 students DO NOT get the day off from clinical activities. These include:
  - Martin Luther King Day
  - President's Day
  - Columbus/Native American Day
  - Veteran's Day
  - Not limited to these holidays

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 call 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

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.

Call, Overnight Shifts, and Acute Care/Urgent Care Shifts

- In Pillar 2, all students are given opportunities to take call and/or 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 call and/or overnight shifts. It is also essential to understand and learn the expectations and rules of call and/or overnight shifts for each clinical campus. Duty hours should always be followed when participating in any weekday or weekend call and/or 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 call 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.

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 call no more frequently than every third night (averaged over a four-week period). *In-house call* is defined as those duty hours beyond the normal work day, when students are required to be immediately available in the assigned institution.
- Time spent on patient care activities by students on at-home call must count toward the 80-hour and one-day-off-in-seven requirements. *At-home call* (or *pager call*) is defined as a call taken from outside the assigned institution. The frequency of at-home call is not subject to the every- third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each student. Students taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4- week period.
- When students are called into the hospital from home, the hours students spend in-house are counted toward the 80-hour limit. The course or clerkship director and the faculty must monitor the demands of at-home call in their programs, and make necessary scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

Yankton – ER On-Call 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 on-call shift 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 on-call shift student 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
  - A minimum of two shifts must be completed two weeks before the end of the first semester, and a minimum of two shifts must be competed two weeks before the end of the second semester.
  - Students should select their preferred shifts using the SignUp 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 on-call 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 SignUp 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/Urgent Care Shifts
  - Students on the Sioux Falls campus are required to complete 8 hours of acute care (Sanford)/urgent care (Avera) 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 Sanford acute care and Avera urgent care will be provided to students via a SignUp Genius link.
    - Sanford acute care hours are only available evenings and weekends
    - Avera urgent care hours are only available during weekday hours
  - Students will need to plan accordingly and are responsible for completing these shifts outside of their normally scheduled LIC shifts, using SDL 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 completed well before the end of the semesters to avoid any issues with incompletion of this requirement.

- Acute Care/Urgent Care form must be signed and turned into the Sioux Falls Education Coordinator.
  - 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 Call, Night Shifts, Resident Rounds, and Urgent Care Shifts

- OB/Surg Call and Night Shifts
  - All call and night shifts are integrated into your ICE Weeks – there are no separate call days needed. The only night shifts you are required to do are on the Friday nights of your ACS (Surgery), L&D (OBGYN), and Hospitalist (Internal Medicine) ICE Weeks (once per semester).
- Resident Rounds: you are required to do Resident Rounds with the Family Medicine Residency
  - One (1) full day of rounds must be completed. This is due with your first semester Benchmark requirements. The 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
- Urgent Care Shifts
  - Students on the Rapid City campus are required to complete 8 hours of urgent care each semester outside of their normally scheduled LIC rotations.
    - Shifts can be completed in 4 or 8-hour increments pending site-specific availability
  - The Rapid City Education Coordinator will maintain an updated calendar of available shifts for students.
  - Students will need to plan accordingly and are responsible for completing these shifts outside of their normally scheduled LIC shifts, using SDL 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 completed well before the end of the semesters to avoid any issues with incompletion of this requirement.
  - Acute Care/Urgent Care form must be signed and turned into the Rapid City Education Coordinator through Teams.
    - You can find this form on D2L and Teams.
  - Completion of these hours are necessary and will be part of the documentation requirements under the Family Medicine grade for each semester.

FARM Call

- FARM students will complete an average of one weeknight call every other week and one weekend 24-hour call per 4-week cycle. FARM call can be "home" call where the student is at home but can be called in to the hospital while at home.
- Call includes the surgery and OB cases that present to the Emergency room or cases as directed by the "On-Call" physician.
- There is no "FARM" call required in the first month at the FARM site. Call requirements begin following the Family Medicine Preceptorship weeks for all cohorts.
- For the February cohort, call requirements for August are 1 weeknight. March cohort students will follow the normal call requirements for August.
- There is no call requirement in January (as long as you have met your call requirements for the preceding months).
- At a minimum students should have 18 weeknight call shifts and 9 weekend shifts recorded in your activity logs.

SELF-DIRECTED LEARNING

- Self-directed learning (SDL) 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. Given its appearance in the student schedule, this time is often referred to as "white space." To make the best use of this time, we strongly encourage students to consider the following uses of SDL:
    - 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 activity, 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 SDL 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 SDL prior to NBME weeks. Campuses may require events this week at their discretion.
- SDL 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.
- SDL is ***not a*** vacation or free time. Therefore, students should not move clinic days or half days to create white space 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 SDL.

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. In order 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. 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

<u>Identify the Need</u>

- After hearing the patient presentation (or at the end of the session), have the learner either identify his or her learning question or prompt him or her by asking

    - “Based on the patients you saw today, what are your questions?”
    - “What is the one thing you would like to learn more about?”
    - “What troubled you today?”
    - “What might you improve?”

Make an Assignment

- Ask the learner to formulate the question
- Ask the learner to research the answer to the question
- Specify a time for the learner to report back to you with the results of the research

Identify Potential Resources

- Point of Care EBM Resources (eg. Dynamed, UpToDate)
- Databases (eg. Pubmed/Medline, Cochrane, National Guidelines Clearinghouse)
- Journal articles
- Consultants

“Close the Loop”

- The learner reports back on what was found
    - Gives an oral presentation
    - Submits a written outline
    - Incorporates it into a patient write-up or assessment

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 are often working 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 reference 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 member and student 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 of the information necessary to assist students in the area of career counseling and is at https://www.aamc.org/students/medstudents/cim. Please contact Suzanne.Reuter@usd.edu, Assistant 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 STEP I and II 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, similar to 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 3:5[3]) 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. 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 assessment 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 2025:

February Cohort

First Semester

April 29, 2024	Self-assessments released (due at face-to-face meeting)
May, 2024	Mid-semester face-to-face meetings (using self-assessments)

July 15, 2024	Assessments and evaluations sent (faculty & adviser of student, student of faculty & Pillar 2)
July, 2024	End-of-semester face-to-face meetings (review of CCSE & attending assessments)
August 2, 2024	Attending assessment of student performance due & last day for students to submit all documentation, campus activities, and other learning requirements for first semester by 5pm local time.
August 9, 2024	Adviser assessments due / end of 1st semester semester
September 6, 2024	1st semester grades released to students in One45

<u>Second Semester</u>

September 27, 2024	Self-assessments released / due at face-to-face meeting
October, 2024	Mid-semester face-to-face meetings (using self-assessments)
January 6, 2025	Assessments and evaluations sent (faculty & adviser of student, student of faculty & Pillar 2)
January, 2025	End-of-semester face-to-face meetings (review of CCSE & attending assessments)
January 17, 2025	Attending assessment of student performance due & last day for students to submit all documentation, campus activities, and other learning requirements for 2nd semester by 5pm local time.
January 31, 2025	Adviser narrative assessment of competencies due
Friday, March 7, 2025	Final grades released to students in One45

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 student through their Pillar 2 advisor.

Monthly Feedback

- Each month, a summary of the student's 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

- Similar to 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 student's 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
Systems-based Practice I	2	S/U	Systems-based Practice II	2	A-F
Radiology	1		Friday Academy	1	S/U

FIRST SEMESTER COURSES	CREDITS	GRADE	SECOND SEMESTER COURSES	CREDITS	GRADE
		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 detail about the components of each semester's grades:

CO 2026 Pillar 2 Grade Components by Semester

Course	***1st semester - Satisfactory (S)/Unsatisfactory (U)***	***2nd semester - Graded (A, B, C, D, F)***
Family Medicine	• 1 observed encounter • documentation requirements -Narrative from (1st semester) Observed Encounter	• 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 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	• 1 observed encounter • documentation requirements -Narrative from (1st semester) Observed Encounter	• 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	• 1 observed encounter • documentation requirements -Narrative from (1st semester) Observed Encounter	• 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

OB/Gyn	• 1 observed encounter • documentation requirements -Narrative from (1st semester) Observed Encounter	• 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
Pediatrics	• 1 observed encounter • documentation requirements -Narrative from (1st semester) Observed Encounter	• 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
Psychiatry	• 1 observed encounter • documentation requirements -Narrative from Observed Encounter	• 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

Surgery	• 1 observed encounter • documentation requirements -Narrative from (1st semester) Observed Encounter	• 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
Patient Care	• Patient Experience Log (92 clinical & 42 Procedures) • Continuity Patient experiences -Narrative from Coordinating Committee Advisor assessment	• 30% Patient Experience Log • 10% Observed Encounters (all 7) • 50% Summative OSCEs (average of both) • 10% Palliative Care Sessions -Narrative from Coordinating Comm. Advisor Assessments (2nd semester)
Medical Knowledge	• CCSE (Passing at the 5th percentile)	• 80% CCSE Score •20% GrandRounds -Narrative from Coordinating Comm. Advisor Assessments (1st semester & 2nd semester)
Practice-Based Learning and Improvement	• Practice-Based Learning and improvement portion of 1st semester attending assessment • Practice Triple Jump Exercise (#1) • Graded Triple Jump exercise (#2) • Self-assessment and face-to-face meeting with advisor -Narrative from 1st semester Coordinating Committee Advisor assessment	• 50% Practice-Based Learning and improvement portion of 2nd semester attending assessment from all clerkships • 30% Final Triple Jump exercise (#3) • 20% Self-assessment and face-to-face meeting with the advisor -Narrative from Coordinating Comm. Advisor Assessments (2nd semester)
Interpersonal and Communication Skills	• Interpersonal and Communication Skills portion of 1st semester attending assessment • Small Group Activity -Narrative from 1st-semester Coordinating Committee Advisor assessment	• 50% Interpersonal and Communication Skills portion of 2nd semester attending assessments from all clerkships • 25% Small Group Activity • 25% Journal Club -Narrative from Coordinating Comm. Advisor Assessments (2nd semester)

Professionalism	• Professionalism portion of 1st semester attending assessment • Professionalism portion from campus advisor's narrative assessment -Narrative from 1st-semester Coordinating Committee Advisor assessment	• 50% Professionalism portion of 2nd semester attending assessments • 50% Professionalism portion of campus advisor's narrative assessment -Narrative from Coordinating Comm. Advisor Assessments (2nd semester)
System-Based Practice	• System Based Practice portion of 1st semester attending assessment • HQIP seminars -Narrative from 1st semester Coordinating Committee Advisor assessment	• 50% System Based Practice portion of 2nd semester attending assessments • 50% HQIP seminars -Narrative from Coordinating Comm. Advisor Assessments (2nd semester)

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 the Pillar 2 D2L shell.

- *NBME Subject Exams*
    - Students are required to take each 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
1st Thursday	Internal Medicine
1st Friday	Surgery
Monday	Neurology
Tuesday	Psychiatry
Wednesday	Ob/Gyn
2nd Thursday	Pediatrics
2nd 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 ≥ 15th 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 ≥ 85th 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 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.

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

Appeals Process

- The process for appealing grades follows the Medical Student Affairs Handbook. Within this policy, the term “grade” refers to both the letter grade and narrative assessment. If a student wishes to appeal an assigned grade in a Pillar 2 course or clerkship:
    - The student must submit a written appeal using the standard Pillar 2 Appeal Form available in One45. This form must be completed prior to review by the Pillar 2 Director. Appeals made via email or any other form of communication will not be accepted.
    - The appeal window will always be the Monday after the grade is released. It will close at midnight the Sunday 2 weeks later. Exact dates will be provided to students before each appeal window.
    - The Pillar 2 Director 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:
        - Clerkship Director if the student is appealing a clerkship/discipline-specific grade. If the clerkship director is the appealing student’s LIC preceptor, the appeal decision will be referred to another faculty advisor in the same discipline.
        - Campus Dean if the student is appealing a clinical competency grade. If the campus dean is the appealing student’s LIC preceptor, the appeal decision will be referred to another campus dean.

- The appropriate course director for Ethics, Radiology, Friday Academy, or Cultural Immersion.

- The Clerkship Director Committee, which includes campus deans, will review and discuss all grade appeals and make a decision regarding the requested change. Members of the Committee will recuse themselves from any formal vote if a conflict of interest is present.
- After grade appeal decisions have been made, the student will be notified in writing of a decision regarding their appeal and appropriate grade change documentation will be completed by the Office of Medical Education.

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

- 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.

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

- 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.

To Dos 0
Personal Info
Contact List
Handouts & Links
EVALUATIONS
Evaluations
SCHEDULES
My Calendar
Curriculum Calendar
Programs
ADMINS ONLY
Admin Status

- When you are finished, click “Logout”.

How Do I Complete a Task in the One45 System?

When an individual receives an item to complete in the one45 system, they will receive email notification (unless the sender has decided not to send out email notification). Links are one time use and expire after 24 hours for security issues. Links are sent on a weekly basis.

- The individual can follow the auto login link in the email message or enter their username and password through the log in page. First time users will have a link displayed in the email message.

University of South Dakota

You have a task to complete in the One45 system (e.g. survey, evaluation, objectives, log, form distribution).

****

username:

email: @usd.edu

Please click on the following link to log in to
One45 Software:

https://nam11.safelinks.protection.outlook.com/?url=https%3A%2F%2Fusd.one45.com%2Fweb%2Fone45.php%2
7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sc
2FoTNg81TcwyPr6rkU%3D&reserved=0

This login link is good for one use only and will give you access to your
One45 ToDos only. If you require full system access, you will need to login
to the system manually.

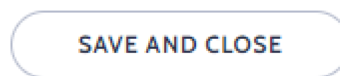
If the link has already been used you will also be
forwarded to the login screen so that you may login manually if you wish.

If

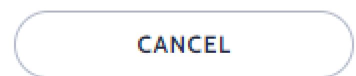
- After logging on, users are sent to their **To Do**s box. To complete the item, users click on the link.

- Once the user has completed the evaluation, they can choose to submit or save the form in their To Dos.

Commit responses and remove form from your inbox.



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



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.

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.) <u>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.</u>

____

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.

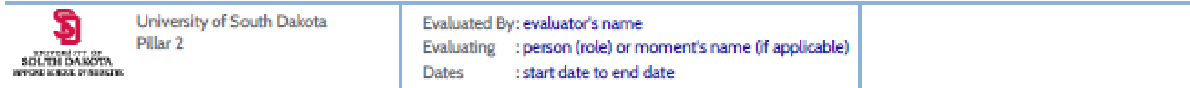
Campus Education Coordinator Review	**Y**	**N**
All required elements present in the H&P, including growth charts if appropriate		
The H&P is student-generated without copying/pasting from the EMR		

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

* 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, amd obtain all appropriate elements?	◯	◯	◯	◯	◯
*Physical Exam: Did the student perform appropriate elements, perform and interpret correctly, and was efficient?	◯	◯	◯	◯	◯
*Communication: Did the student demonstrate clarity, respect, empathy, kindness, and provide education?	◯	◯	◯	◯	◯

*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
Pillar 2

Evaluated By : evaluator's name
Evaluating : person (role) or moment's name (if applicable)
Dates : start date to end date

* 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.	○	○	○	○
2. Communicated expectations for the learning experience.	○	○	○	○
3. Gave you appropriate level of patient care responsibilities.	○	○	○	○
4. Provided appropriate level of supervision.	○	○	○	○
5. Observed your interactions with patients.	○	○	○	○
6. Gave timely and constructive feedback.	○	○	○	○
7. Engaged you in problem solving.	○	○	○	○
8. Demonstrated the use of medical literature in clinical decision making.	○	○	○	○
9. Demonstrated enthusiasm for their discipline.	○	○	○	○
10. Demonstrated professional behavior with patients, staff, and you.	○	○	○	○

Comments:

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

MAJOR DIAGNOSES AND CLINICAL TOPICS

PROFESSIONALISM

- Managing the difficult patient (drug dependency, chronic pain, frustration due to lack of diagnosis, personality disorder, etc.)
- Dealing with end of life issues
- The physician-nurse relationship
- Delivering bad news to the patient
- Reaction to the patient who is refusing students/residents
- Pregnancy loss and how to deliver bad news, hope for the future

DIVERSITY

- Use of interpreters
- HIPAA awareness among patients from different cultures
- Role of alternative medicine among patients from different cultures
- Impact of religious beliefs on patient health care. (Jehovah Witness and blood transfusion, Muslim fasting in Ramadan and medications, diet restrictions, gender issues, etc.)
- Patient's involvement in decision-making (role of minister in medical decision for a Hutterite patient, etc.)
- Muslim women and refusal of male providers
- African women and genital mutilation
- Bio-identical hormones and other herbs for menopause

QUALITY

- Medical errors (resuming inappropriate medication, ordering wrong test, forgetting to order tests, inaccurate medication reconciliation, etc.)
- Transfer from nursing issues and other aspects of transitions of care (accuracy of medication list, reliability of transfer report, presence of care provider, etc.)
- Clarity of instructions to the patient (treatment plan, test preparation, prescription use, etc.)
- Medical records documentation impact on patient's health care (timeliness, clarity, availability, etc.)
- Consult request (indications, communication, etc.)
- Safety measures for hospitalized patients (sitter for delirium, bedrails for seizures, etc.)
- “Time Out” for all surgical procedures

FAMILY MEDICINE

- Hypertension
- Diabetes mellitus
- Hyperlipidemia
- Mood disorders
- Counseling (diet, smoking, etc.)

- Preventive care (cancer screening and prevention, immunizations, etc.)
- Headache
- Anemia
- Obesity
- Pneumonia
- Asthma
- Health disparities and care of the indigent
- Issues and structures of health care access
- Ethical issues for rural doctors
- Continuity of care vs. urgent care centers

INTERNAL MEDICINE

- Atherosclerotic heart disease
- COPD/pneumonia
- Hypertension
- Acute/chronic renal failure
- Arthralgia and arthritis
- Hepatic cirrhosis
- Anemia
- Diabetes
- Hyper/hypothyroidism
- Common cancers (lung, breast, colorectal, prostate, leukemia/lymphoma)
- Hyperlipidemia
- Abdominal pain
- Public health
- Medical futility for hospitalized adults
- Chronic illness and aging
- Physician to physician communication and the hospitalist

NEUROLOGY

- Acute neurologic problem (stroke, infection, metabolic, inflammatory CNS lesion)
- Neurodegenerative disorder (dementia, Parkinson disease)
- Neuromuscular disease (neuropathy, radiculopathy, myopathy, motor neuron disease)
- Paroxysmal disorder (seizure, headache, vertigo)
- Headache
- Chronic pain
- Brain death and organ donation
- Persistent vegetative state
- Ethical issues related to dementia

OBSTETRICS/GYNECOLOGY

- Pregnant Woman - prenatal care, labor, delivery, postpartum
- Pelvic pain
- Abnormal uterine bleeding
- Contraception
- Menopause
- Sexually transmitted infections
- Infertility
- Pelvic organ prolapse
- Urinary incontinence
- Gynecologic malignancies
- Breast disease (benign and malignant)
- Genetics
- Maternal fetal conflict
- Prenatal genetic testing
- Reproductive ethics and new reproductive technologies
- Obstetrics, midwifery, and medicalization of pregnancy and birth

PEDIATRICS

- Constipation
- Heart murmur
- Failure to thrive
- Asthma
- Upper and lower respiratory tract infection
- Gastroenteritis and constipation
- Heart murmur
- Diabetes mellitus
- Obesity
- Sepsis evaluation and fever
- Hyperbilirubinemia
- Parental authority and preferences
- Ethical decisions for minors/ Legal consent of minors
- Futility in the NICU
- Child abuse
- Immunization – parent refusal

PSYCHIATRY

- Mood Disorders (major depression, bipolar, et al.)
- Anxiety Disorders (generalized anxiety disorder, panic, et al.)
- Personality Disorder

- Trauma related disorders
- Thought Disorders (psychosis, schizophrenia, et al.)
- Abnormal cognition and/or information processing (delirium, dementia, et al.)
- Addiction/Substance Abuse
- Psychiatric Emergencies

SURGERY

- Appendix/appendicitis
- Gallbladder/biliary- cholecystitis, cholangitis, biliary colic
- Stomach- peptic ulcer disease, gastritis, *H. pylori*
- Diverticular disease- diverticulosis, diverticulitis, operative indications
- Pancreas/pancreatitis- etiologies, therapies, interventions
- GI bleeding - UGI vs. LGI - work up, therapies
- Hernias- inguinal, ventral, internal; diagnosis, therapies
- Esophagus - reflux, strictures, cancer
- UGI cancers: esophageal, gastric, biliary, pancreas, hepatic, small bowel
- LGI cancers: colorectal, appendiceal, anal
- Small bowel obstruction vs. ileus- etiologies, therapies
- Liver/Spleen - cirrhosis, tumors, cysts, ITP, etiologies and therapies
- Ano-rectal disease - fistula, abscess, fissure
- Breast- benign and malignant disease
- Skin and Soft Tissue - infection, burns, cellulitis, hidradenitis, cancer
- Endocrine - thyroid, parathyroid, pancreas, adrenal
- Head and Neck - cysts, lymph nodes, parotid, salivary glands, oral cancer
- Pediatric Surgery - pyloric stenosis, reflux, intussusception, trauma
- Trauma - ABCDE
- Urological surgery - kidney, ureter, bladder, testicle, penis
- Gynecologic surgery - uterus, tubes, ovary, infection, torsion
- Neurosurgery/spine - trauma, TBI
- Thoracic/cardiac surgery - tumors, mediastinal abnormalities
- Plastic surgery
- Informed consent
- limits of patient preferences
- Dealing with operative complications