



UNIVERSITY OF
SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

Pillar 2 Student Handbook
Class of 2025

2023-2024

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Welcome

Dear Pillar 2 Students,

It is with great excitement that I welcome you to Pillar 2. The long hours you have put in during Pillar 1 to create your foundation of basic and clinical science knowledge now transition to the clinical arena, where you will develop career long skills to successfully take care of patients. The journey you are about to embark on has been diligently worked on by numerous USD Sanford School of Medicine faculty and staff to develop the best educational experience for you. Our goal is to provide you with a sound foundation in clinical medicine to prepare you for Pillar 3, residency, and eventually, life as an attending physician.

The Pillar 2 curriculum focuses primarily on learning the seven core disciplines through ambulatory training in the Longitudinal Integrated Clerkship (LIC). The LIC emphasizes that learning should be “relationship-based,” “longitudinal,” and “integrated.”¹ These driving concepts behind the LIC allow you to acquire clinical knowledge in a way that provides for better retention and retrieval of medical knowledge as you prepare for USMLE Step 2 exams, Pillar 3, and most importantly, your post-graduate clinical training and practice. Within the LIC, you will also gain exposure to inpatient and subspecialty medicine.

We at the school are confident that the LIC will not only develop your clinical skills but also help you develop accountability in your learning. Navigating the seven core disciplines through scheduled experiences, self-directed learning time, and working with continuity patients will be a new challenge but one we are confident you will excel in. Campus leaders and LIC faculty will take note of your attendance, participation, and involvement with the curriculum. Exhibiting outstanding professionalism is our expectation and will be essential to your learning process. Devoting your full energy and interest to each experience is paramount to your continued learning. The quality of education you receive in Pillar 2 will not only depend the quality of teaching we provide you, but also on the amount of energy you put into this learning experience. Cherish new learning opportunities and experiences as they will help you not only excel academically but also as a clinician one day.

We at the school are excited for you to start becoming the physician you envisioned when you started this journey. Work hard, care for people, have some fun and reach out if there is anything we can do to help during Pillar 2.

Sincerely,

Alan Sazama, MD
Pillar 2 Director
Assistant Dean of Medical Student Education
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¹ Hirsh, D. and Poncelet, A. (2015). Longitudinal Integrated Learning: The Science and the Patients. Presented October 8, 2015 at CLIC Conference 2015.

Contact Information

- The current contact list can be found in the CO 2025 Pillar 2 D2L shell.

Competencies

- The current SSOM Medical Student Competencies can be found in the CO 2025 Pillar 2 D2L shell.

Class of 2025 – Pillar 2 Calendar (2023-2024)

- The current calendar can be found in the CO 2025 Pillar 2 D2L shell.

Overview of Pillar 2

Longitudinal Integrated Clerkship (LIC)

- 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.
- Each campus education team will share details regarding students' specific LIC schedules during the campus-specific orientation.
- For practical suggestions to maximize the LIC experience, please see "LIC Tips and Tricks" in D2L.

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.

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 (Spring/Early Summer)
 - 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 (Late Summer/Fall):
 - 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 1 week of white space 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.

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, so 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 and her newborn after delivery
- 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 by the end of the second semester.**
 - 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). This will happen on or after the third clinical encounter.
- Each clinical site has its own method to help facilitate the connection 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.

Learning Issues

- Identifying and addressing learning gaps is a critically important skill for lifelong learning. Identifying learning issues can help students direct their learning, develop clinical reasoning, and better understand key concepts.
- In addition to the small group process, students are asked to develop learning issues in the clinic or hospital during direct patient care. Students should independently research the identified learning issues utilizing appropriate resources and present the findings at the subsequent clinical encounter with their preceptor.
- One or two learning issues are appropriate for a two to four-hour clinic session. Following are some key components of learning issues.
 - Relevant to a patient case
 - Related to the course or clerkship objectives
 - Specific and answerable
 - Clearly stated so that both student and preceptor understand the goal

Student Supporters

- While in Pillar 2, students will have multiple faculty and staff members available for educational and career counseling and support
 - Campus Team
 - Campus Dean
 - Pillar 2 Advisors
 - Education Coordinators
 - Education Assistants
 - Pillar 2 Administration
 - Clerkship Directors
 - Pillar 2 Director
 - SSOM Administration
 - Dean of Medical Student Affairs
 - Assistant Dean of Medical Student Affairs
 - Chief Wellness Director
 - Dean of Medical Student Education
 - Medical Education Learning Specialist

Professionalism

- Students are expected to adhere to the ethical and behavioral standards of the profession of medicine. Physicians must recognize responsibility not only to their patients but also to society, other health professionals, staff, and themselves.
- As a medical school, we emphasize the following professional behaviors:
 - **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 among 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 on the behaviors listed above.
- Professional and Unprofessional Behavior Report Forms can be found in D2L or on the medical school 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 should wear a clean, white coat with a name badge at all times when engaged in any clinical activity.
 - Surgical scrubs are permitted in the operating room (OR) or emergency 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 Records (EMR)

As stated in its Medical Student Competencies, the Sanford School of Medicine expects students to demonstrate *compassion for patients and respect for their privacy and personal dignity*. Further, the Sanford School of Medicine Student Code of Professional Conduct prohibits *showing a 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 with documented IRB approval.

Access should be through the established policies within that hospital or clinic and apply to verbal, written, email, electronic, or any other communication route. 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 personal records. If students need access to their personal medical 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 also applies 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 SSOM faculty and staff. 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. If patient-identifying information is necessary for patient care or medical education purposes, attention must be paid to patient confidentiality concerning storage and carrying of records. When no longer needed, any records containing patient-identifying information should be destroyed using a paper shredder or another appropriate method of permanent destruction.

Student Patient Encounter Log (SPEL)

Maintaining 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 the 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 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 a professional manner.

Electronic Transmission

Due to a 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 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.

Pillar 2 Requirements

- **All Pillar 2 requirements due in each semester must be submitted by 5:00 PM local time on the Friday two weeks before the end of the semester. Please reference the calendar in D2L for specific dates.**
- **First semester requirements for SPEL are 92 clinical and 42 procedural logs. Ideally, students will have also logged 8-10 continuity patients.**

#	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
7	Case X Modules – OB/GYN
1	Case X Modules – Psychiatry (Any case)
12	Case X Modules – Surgery
47	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.

**Pediatrics: H&Ps must include growth charts. Pediatric H&Ps and progress notes may be done during Family Medicine clinical experiences. The four required H&Ps must include two inpatient H&Ps and two outpatient H&Ps with the outpatient H&Ps including one acute diagnosis and one chronic diagnosis.

***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.

Campus Benchmarks

- All campuses will use a benchmark system to ensure the timely completion of Pillar 2 requirements by all students. Missed deadlines will result in the below remediation efforts:
 - First missed benchmark deadline: The student will meet with their Education Coordinator (Rapid City, Sioux Falls, and Yankton) or the Assistant FARM Director, with monitored self-directed learning time and/or a formal written plan for completion of the next set of benchmarks.
 - Second missed benchmark deadline: The student will meet with the Campus Dean or FARM Director.
 - Third missed benchmark deadline: A professionalism report will be filed with the Office of Medical Student Affairs.
 - Benchmarks reset each semester.

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 team for credit. These will not be counted until all requirements are present in the note and they are submitted in the manner required by the student's specific campus. (This means the inclusion of growth charts or other required elements.)
- Students are encouraged to space their documentation completion throughout the year. If documentation requirements are completed early in each semester, students are still expected to continue practicing documentation skills as often as possible within their clinical experiences.
- First-semester documentation requirements:
 - These notes must be student-generated in Microsoft Word or similar without copying/pasting or printing from the EMR. This process is intended for students to build a foundation of good note-writing skills independent of aids contained within EMRs.
 - 17 complete history & physicals (H&Ps) – 2 per discipline + 3 during FM Rural Preceptorship

- 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 two weeks 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.)
 - If a student is placed on monitored academic status related to first-semester performance, 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 two weeks 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 first semester and 7 OEs in second semester).** 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 competency grade. This requirement is in addition to the three required observed encounters during the Family Medicine Rural 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 two weeks 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.**

Online Cases

- During Pillar 2, forty-seven online cases from the Aquifer and OnlineMedEd Case X platforms are required.
- **Aquifer Cases**
 - Fourteen cases must be completed by the end of the Family Medicine Rural 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 2025, 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 (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 a 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 34 required Case X modules may be completed in any order.
 - 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 7Ob/Gyn Case X modules
- **Students must complete at least 27 cases by Friday, two 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 47 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.

Neurology

- Students will be provided monthly online modules and quizzes to guide their learning over the LIC.
- The quizzes are not graded, but students are expected to engage in this work with their LIC preceptor.

Pediatrics Online Learning

- All 25 pediatric didactic videos in Online Med Ed at <https://home.onlinemeded.org/>
- **These must be completed by the Friday two 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 and validation of experiences to prepare students for the transition to residency
 - Campus advising committees' monitoring of individual student progress through the 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, students should 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 writes a note for each day, this counts as three separate SPEL entries. Likewise, if a student sees a patient with diabetes in the 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 hospitals, clinics, 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 part of the history and/or performing 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.
 - 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 notecard and do their computer entry at the end of the day.
 - It is essential that students make this a habit to document their experiences daily to carry these habits into residency training and beyond as future physicians.
 - Within SPEL, there are both encounter (diagnosis) and procedure logs.

- Some patients will be entered into SPEL simply as a diagnosis, e.g., a child with group A streptococcal pharyngitis.
 - Other patients may qualify as both a diagnostic encounter and a procedure, e.g., a patient with colon cancer undergoing a colon resection.
- The patient’s name, birthdate, or record number should not be entered into the log to protect confidentiality. 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.
- Logging in SPEL should occur regularly throughout the entirety of Pillar 2. Once the student’s requirements are met, continued logging in to SPEL demonstrates their continued engagement in the curriculum to the campus advising committee.

#	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
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 – Gynecologic Conditions	Inpatient/Outpatient	Participated
15	Women’s Health – Obstetric Conditions	Inpatient/Outpatient	Participated
10	Professionalism/Diversity/Quality	Inpatient/Outpatient	Participated
# PROCEDURES (SPEL)			
15	Child Health – Well-child exam	Outpatient	Participated
15	Child Health – Newborn exam: 5 must be done in the newborn nursery (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.
- Students will participate in a mandatory Friday Academy session to orient them to the OSCE.
- The two summative exams count for 50% (average of both exams) for the 2nd semester Patient Care competency grade.

BLS & ACLS

- **Students must complete BLS (Basic Life Support) and ACLS (Advanced Cardiac Life Support) training early in their Pillar 2 experiences.**
- BLS and ACLS training is offered on all clinical campuses during simulation week. This training provides foundational knowledge about the management of critically ill patients.

Triple Jump Exercise

- In this activity, individual students work through a case with a faculty facilitator to assess the student's communication, critical thinking, and diagnostic reasoning skills.
- Students must develop a differential diagnosis, identify knowledge gaps, and find appropriate resources to address those gaps in answering the clinical questions.
- The activity is structured as follows:
 - STEP 1: PROBLEM DEFINITION (Student with faculty facilitators.)
 - The student is presented with a new clinical problem in a brief written scenario.
 - The student identifies initial hypotheses, obtains an appropriate history and physical exam, and requests necessary labs or imaging to determine a final diagnosis.
 - The student reviews patient management using existing medical knowledge.
 - The student identifies learning issues for Step 2 of the exercise.
 - STEP 2: INFORMATION SEARCH (Student with a faculty facilitator.)
 - The student prioritizes questions and researches answers.
 - The student applies new knowledge to the clinical scenario.
 - The student prepares a synthesis of the identified learning issues.
 - STEP 3: SYNTHESIS (Student with Facilitator)
 - The student reports on progress.
 - The student synthesizes the new knowledge gained in Step 2.

- The student reviews with the facilitator their time management during Step 2, resources accessed, and information gained.
 - Based on new knowledge, the student modifies or changes the hypotheses and management plan from Step 1 as needed.
 - The facilitator and student discuss the student's performance using the One45 Assessment of Triple Jump Exercise.
- The first Triple Jump (practice) and the second Triple Jump (graded) will occur during the first semester, while the third Triple Jump (graded) will occur in the second semester. The campus education team will schedule these activities.
- Typical cases include scenarios such as a child with a fever or an adult with a headache. There may also be ethical issues involved.
- Upon completing any Triple jump activity, students should leave (if in-person) or destroy (if on Zoom) all forms and documents, except their notes.

Journal Club

- Journal Club is an essential tool for developing critical thinking skills used in residency training and beyond. Journal Club aims to:
 - Promote professional development
 - Update students on current literature
 - Disseminate information about best practices
 - Ensure that professional practice is evidence-based
 - Provide an opportunity to learn and practice critical appraisal skills
 - Provide a time for collegial interactions
- Building upon Pillar 1, students will be tasked with presenting at least one journal club and actively participating in all others. Faculty facilitators will guide the sessions.
- Briefly, the student presenter will utilize a real-life clinical question to develop and present a PICO question (patient, intervention, comparison, and outcome).
- Additional information about Journal Club, including instructions and grading rubrics, will be discussed early in Pillar 2 and shared through D2L.

Small Groups

- 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 team.
- 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 in D2L for additional information.

Healthcare Quality Improvement Project (HQIP)

- Building upon the Pillar 1 Clinical Foundations curriculum, including the Institute for Healthcare Improvement (IHI) Open School modules, Pillar 2 students will continue learning about patient safety and quality improvement.
- Students will participate in three **mandatory** half-day workshops, including a variety of didactic sessions and simulated safety and quality improvement activities. Students who are not logged in for the ENTIRE session will have their overall grade impacted.
- Students attending each of the three workshops in their entirety will receive a satisfactory grade.
- Students that miss a session will receive a 0 and their final grade will be affected. If a student misses a session in 1st semester it will result in an unsatisfactory grade. 2nd semester missed sessions will result in a 0% for each session missed. HQIP is 50% of the SBP grade. Example: Unexcused absence from Session #3 will result in a 0% awarded and the overall grade would be a 50%.

Palliative Care Seminar

- This interdisciplinary activity involves medicine, nursing, pharmacy, chaplaincy/clinical pastoral education, and social work students. Faculty representatives teach the seminar from each of these disciplines.
- The seminar aims to orient students to the dying process, highlight ways to improve end-of-life care for patients and families, and foster an understanding of and appreciation for the interdisciplinary team approach to palliative care.
- Students will be required to attend the assigned sessions. The campus education teams will distribute schedules and additional course details.
- Failure to attend a session will negatively affect the final participation score.

Friday Academy

- Friday Academy is a 1-credit course designed to supplement the core clinical clerkship curriculum with a variety of additional topics around the following themes:
 - Pillar 2 Orientation: Part II
 - Professionalism
 - Communication Skills
 - Diversity, Equity, and Inclusion in Medicine
 - Societal Challenges
 - Basic Science Reboots
- Students receive a completion grade for participation in Friday Academy. Unexcused absences may negatively impact the student's final grade. There will be an overall 10 % deduction for every session missed that has not been excused by the campus coordinator/dean or the Pillar 2 Director. Example = 1 unexcused absence and the overall grade will be reduced to 90%, etc.
- If a student has 3 or more unexcused absences they will earn an unsatisfactory grade.
- Vacation days may be used during Friday Academy sessions; however, students are responsible for viewing the recorded sessions and understanding the material presented.
- The current Friday Academy calendar is housed in D2L in the Pillar 2 course. If there is no scheduled Friday Academy, students are expected to use the time for self-directed learning.

Clinical Ethics Course

- Ethics is a discipline of moral inquiry and deliberation based on philosophical theories. There are no mechanical processes, computer programs, or algorithms that can be applied in a situation of moral doubt.
- Knowledge of medical ethics, like medicine, is through life-long education and experience. At USD SSOM, the Section of Ethics and Humanities develops the ethics curriculum. These faculty are interdisciplinary with expertise in ethics.
- This 1-credit course is delivered during the first semester utilizing a mix of methods, including peer dialogue through in-person and online forums and independent reading and reflection.
- Further instructions and the course syllabus will be provided in early spring.

Radiology Course

- Radiology is a 1-credit course delivered during the first semester. It is designed to build upon introductory radiology concepts taught in Pillar 1.
- The course is a hybrid of asynchronous online lectures and live Friday afternoon Q&A sessions wherein students can ask questions and discuss images with radiologists.
- Students will be assessed with a final exam upon completion of the course material.
- Expectations, grading, and requirements will be communicated to the class before the course begins in May.

Cultural Immersion Course

- Cultural Immersion is a 1-credit, 1-week experience embedded in the second semester of Pillar 2. Students observe and participate in a cultural community to better understand human situations.

- Students will participate in a day of didactic sessions, a visit to a Hutterite colony, and an immersion experience in a chosen cultural community. In addition, students will reflect on their experiential learning through a journal assignment, as well as a group poster presentation.
- Further details will be communicated as the August experience approaches.

Grand Rounds

- Each campus sponsors grand rounds and clinical case conferences in multiple disciplines. Participation in these sessions is an integral part of continuing professional development.
- Students are required to attend five grand rounds-type presentations over the entire year. Live sessions are preferred but recorded, or videoconference sessions may also be counted toward this requirement. Presentations must be from the current academic year as previous years' recordings will not be accepted.
- USD Grand Rounds schedules can be found on D2L under the Grand Rounds Module.
- Upon completing the session, students must log their attendance using the Grand Rounds Log in One45.
- If students have questions about the appropriateness of a session to complete this requirement, they should review the opportunity with their campus education coordinator.

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.

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 completed 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 white space 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 incompleteness 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. This will be available through Sign-up genius.
 - Students will need to plan accordingly and are responsible for completing these shifts outside of their normally scheduled LIC shifts, using white space 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 incompleteness of this requirement.
- Acute Care/Urgent Care form must be signed and turned into the Rapid City 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.

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.

Pillar 2 Assessment

- 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 an 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 the 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 his/her 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

FIRST SEMESTER COURSES	CREDITS	GRADE	SECOND SEMESTER COURSES	CREDITS	GRADE
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	S/U	Friday Academy	1	S/U
Clinical Ethics	1	S/U	Cultural Immersion Experience	1	S/U
Total Credits	26		Total Credits	27	

Grade Breakdown

First Semester Grades

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

Second Semester Grades

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

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

CO 2025 Pillar 2 Grade Components by Semester

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

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

		semester attending assessment • 20% Documentation requirement -Narrative from 1st & 2nd-semester Attending Assessments
Patient Care	<ul style="list-style-type: none"> • Patient Experience Log (92 clinical & 42 Procedures) • Continuity Patient experiences -Narrative from Coordinating Committee Advisor assessment	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • CCSE (Passing at the 5th percentile) 	<ul style="list-style-type: none"> • 80% CCSE Score • 20% GrandRounds -Narrative from Coordinating Comm. Advisor Assessments (1st semester & 2nd semester)
Practice-Based Learning and Improvement	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Interpersonal and Communication Skills portion of 1st semester attending assessment • Small Group Activity -Narrative from 1st-semester Coordinating Committee Advisor assessment	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Professionalism portion of 1st semester attending assessment • Professionalism portion from campus advisor's narrative assessment -Narrative from 1st-semester Coordinating Committee Advisor assessment	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • System Based Practice portion of 1st semester attending assessment • HQIP seminars -Narrative from 1st semester Coordinating Committee Advisor assessment 	<ul style="list-style-type: none"> • 50% System Based Practice portion of 2nd semester attending assessments • 50% HQIP seminars -Narrative from Coordinating Comm. Advisor Assessments (2nd semester)
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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 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 one week, with one to two exams daily. The order of the exams changes depending on the time of year in which the exams are being taken.

Day of Week	Mid-Year	End-of-Year
Monday	Internal Medicine / Surgery	Pediatrics / OB
Tuesday	Psychiatry / Neurology	Neurology / Psychiatry
Wednesday	OFF	OFF
Thursday	OB / Pediatrics	Surgery / Internal Medicine
Friday	Family Medicine	Family Medicine

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

NBME Subject Exam Opt-Out Policy

- Students who score $\geq 85^{\text{th}}$ percentile nationally on their first NBME exam attempt may choose to opt out of the second NBME exam in that same discipline if:
 - They passed all NBME subject exams on the first attempt AND
 - Are approved by their campus dean and advising committee to opt-out
- Students will be offered the opportunity to make this decision by the end of December, and the decision will be documented through the 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 after the 1st attempt 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 (local time) the Sunday 2 weeks later. Exact dates will be provided to students before each appeal window. Appeals submitted after the communicated due date will not be accepted.

- 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.

Pillar 2 Evaluations by Student

- During Pillar 2, all students will receive evaluations as they complete courses and activities at the end of 1st and 2nd semester.
- These evaluations are critical for continued quality improvement among faculty members and curricula.
- The following expectations will be placed upon each medical student during their time at the Sanford School of Medicine:
 - All evaluations must be completed within 2 weeks after the student receives them in One45 or the due date that was communicated. Evaluations are due before midnight on the due date unless stated otherwise.
 - If a student fails to accomplish this task by the deadline above on more than two occasions during the Pillar, the student may be cited for failure to demonstrate professionalism in the completion of an assigned task by a representative of the Office of Medical Education, using the school's professionalism reporting form.

Medical Student Duty Hours

- The following policy for SSOM Medical Student Duty Hours is based upon the ACGME duty hour requirements for residents:
 - Duty hours are defined as all clinical and academic activities related to the medical education program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, 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. Campus staff members oversee scheduling to ensure duty hours are not violated.

- 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 campus advising committee.
- **Restrictions:**
 - Clinical and educational work hours must be limited to 80 hours per week, averaged over four weeks, 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 four weeks, inclusive of at-home call. One day is defined as one continuous 24-hour period free from all clinical and educational duties.
 - Adequate time for rest and personal activities must be provided. This should consist of an eight-hour break provided between all work shifts.
 - All students must have at least 14 hours free of clinical work after 24 hours of clinical assignments.
 - Students must be scheduled for in-house call no more frequently than every third night (averaged over four weeks). *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.
 - Home Call:
 - Students assigned to home call will be specifically notified of this call type.
 - 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 4 weeks.
 - When students are called into the hospital from home, the hours' students spend in-house are counted toward the 80-hour limit. The course or clerkship director and the faculty must monitor the demands of at-home call in their programs, and make necessary scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

Duty Hours & On-Call Activities

- In-house call is defined as those duty hours beyond the normal work day when students are required to be immediately available in the assigned institution. In-house call must occur no more frequently than every third night, averaged over 4 weeks. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Students may remain on duty for up to 4 additional hours to participate in didactic activities, transfer care of patients, conduct

outpatient clinics, and maintain continuity of medical and surgical care. No new patients may be accepted after 24 hours of continuous duty.

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

Pillar 2 Policies

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, but are not limited to:
 - Martin Luther King Day

- President's Day
- Juneteenth
- Columbus/Native American Day
- Veteran's Day

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 test weeks, formative or summative OSCEs, 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 holidays or approved vacation 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 leaving.**

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.**

Pillar 2 COVID-19 Leave

If a student is quarantined due to COVID-19 exposure or isolated due to mild illness, the student may continue to engage in the longitudinal integrated clerkship (LIC) remotely.

- Students will identify one LIC preceptor from each of the following groups with whom they will work:
 - Family Medicine, Internal Medicine, or Pediatrics
 - Surgery or Obstetrics & Gynecology
 - Psychiatry or Neurology
- Working with the selected preceptors, the student will identify 1-2 patients from the preceptors' clinic, inpatient service, or surgical service for whom they will perform a remote chart review to identify two learning objectives.
- The student will investigate the identified learning objectives, and upon re-entry into the clinical learning environment, present their findings for discussion with the preceptor.
- Each LIC preceptor will attest that the presentation was satisfactorily completed.

If a student elects to take leave during a period of isolation and/or illness, there are two options:

- Use of sick leave per the Pillar 2 policy

- Students are responsible for 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 sessions or white space activities.
- A student may choose to use a vacation day to avoid making up a clinical activity missed due to personal illness and/or family crisis.
- If the absence is six half-days (3 full days) or longer, in addition to working with Student Affairs, students must (a) submit a statement from their physician and (b) speak directly to the Campus Dean (or designee) to arrange to make up lost clinical time and experience.
- Use COVID-related leave
 - This option is for students who are in good standing academically. Assessment of academic standing varies depending on the time of year, but can include the following:
 - Passed Step 1
 - Completed and submitted all mid-year and end-of-year requirements on time
 - Passed all mid-year NBME subject exams
 - If in good academic standing, students may make up ≤ 3 weeks of leave during their self-directed learning time (i.e. “white space”) if approved by a vote of their campus advising committee. Leave beyond three weeks cannot be made up during self-directed learning time, and the student must work with Student Affairs to make a plan, including the possibility of delayed entry into Pillar 3.

Student Affairs Policies

- The following policies can be found in the D2L Student Affairs sandbox.
 - Mid-Course and Mid-Clerkship Feedback Policy
 - Narrative Assessment Policy
 - Clinical Supervision Policy
 - Student Mistreatment Policy
 - Procedure for Reporting Student Mistreatment
 - Note: Students may report mistreatment through health system-specific reporting mechanisms, if available. However, when reported directly to the health system, SSOM may have any direct involvement or ability to follow up on the student’s concern.
 - Teacher/Learner Responsibilities & Mistreatment
 - Confidentiality Policy (excerpts from Confidentiality Policy signed by students)
 - Non-Involvement of Providers of Student Health Services in Student Assessment Policy
 - Services for Students with Disabilities

SSOM Student Inclement Weather Policy

- The weather in South Dakota can vary greatly from location to location. Thus, the inclement weather policy of the USD Sanford School of Medicine will also vary from campus to campus.
- USD SSOM clinical campuses rarely close due to weather, and administrative offices will remain open when possible.
 - **Sioux Falls:** If travel is hazardous, the Campus Dean, Dean of Medical Student Education, and Dean of Medical Student Affairs will decide if classes should be canceled.

This decision will be announced by the Office of Medical Student Affairs via email using the appropriate medical student listserv.

- **Yankton & Rapid City:** If travel is hazardous, the Campus Dean and Dean of Medical Student Affairs will decide if classes should be canceled. This decision will be announced by the Office of Medical Student Affairs via email using the appropriate medical student listserv.
- **FARM:** Students should follow their respective FARM site policy.
- If an emergency closing is declared on a clinical campus, students who are on clinical rotations and call are expected to attend. If a student is unable to reach the clinical site or feels it is unsafe to travel, they must contact their clinical attending/faculty and follow the absence policy.

Required Language for All Syllabi

Academic Integrity

No credit can be given for a dishonest assignment. A student found to have engaged in any form of academic dishonesty may, at the discretion of the instructor, be:

- a. Given a zero for that assignment.
- b. Allowed to rewrite and resubmit the assignment for credit.
- c. Assigned a reduced grade for the course.
- d. Dropped from the course.
- e. Failed in the course.

Freedom in Learning

Under the Board of Regents and University policy, student academic performance may be evaluated solely on an academic basis, not on opinions or conduct in matters unrelated to academic standards. Students should be free to take reasoned exception to the data or views offered in any course of study and to reserve judgment about matters of opinion, but they are responsible for learning the content of any course of study for which they are enrolled. Students who believe that an academic evaluation reflects prejudiced or capricious consideration of student opinions or conduct unrelated to academic standards should contact the dean of the college or school that offers the class to initiate a review of the evaluation.

Disability Accommodation

The University of South Dakota strives to ensure that physical resources, as well as information and communication technologies, are reasonably accessible to users in order to provide equal access to all. Any student who feels s/he may need academic accommodations or access accommodations based on the impact of a documented disability should contact and register with Disability Services during the first week of class or as soon as possible after the diagnosis of a disability. Disability Services is the official office to assist students through the process of disability verification and coordination of appropriate and reasonable accommodations. Students currently registered with Disability Services must obtain a new accommodation memo each semester.

Please note: if your home institution is not the University of South Dakota but one of the other South Dakota Board of Regents institutions (e.g., SDSU, SDSMT, BHSU, NSU, DSU), you should work with the disability services coordinator at your home institution.

Disability Services, The Commons Room 116
(605) 658-3745

Website: <https://www.usd.edu/About/Departments-Offices-and-Resources/Disability-Services>

Email: disabilityservices@usd.edu

Health Affairs Policies

- The following policies can be found in the Health Affairs Infection Control Manual provided by the Division of Health Affairs which can be found in the MSA sandbox under important documents.
 - General Student Safety Guideline (Infection Control/Student Safety)
 - Standard Precautions
 - Transmission Based Precautions
 - Occupational Exposure to Infectious and Environmental Hazards
 - Educational Accommodations Related to an Exposure
 - Entering and Visiting Student Immunization Policy
 - Immunization Compliance Policy
 - Annually Required Immunizations
 - Students Infected with Bloodborne Pathogens (HIV, HBV, HCV)
 - Other Special Considerations:
 - The Pregnant Student
 - Health Insurance
 - Required Vaccine Declination

Medical School Policies

- The following policies can be found at MyUSD → Academics tab → Policies and Procedures <https://my.usd.edu/uPortal/f/academics/normal/render.uP>.
 - Health Affairs Immunization Requirements and Tuberculosis Policy
 - SSOM Occupational Exposure Protocol

Recommended Reading and Resources

- **General**
 - Stanford Medicine 25: <https://stanfordmedicine25.stanford.edu/>
 - USD SSOM Academic Hotspot: <http://tiny.cc/ms41hz>
 - Dynamed®, ClinicalKey®, and Access Medicine® may all be accessed through the Wegner Library here: <http://libguides.usd.edu/mobilemed>
 - UpToDate® - This is not available through USD libraries, but many clinics and hospitals have access.
- **Family Medicine**
 - AFP by Topic: Log into your aafp.org account → select AFP Journal → select AF by Topic to access articles on clinical topics of interest
 - Textbook of Family Medicine, 9th Edition
 - Current Diagnosis and Treatment in Family Medicine, 5th Edition
 - Differential Diagnoses of Common Complaints, 7th Edition, Seller, Symons
- **Internal Medicine**
 - Harrison's Principles and Practice of Medicine, 20th edition

- Symptom to Diagnosis, 4th edition
- First Aid for the Medicine Clerkship, 3rd edition
- Step up to Medicine, 5th Edition
- **Neurology**
 - Blueprints Neurology, 5th Edition
- **OB/GYN**
 - Obstetrics and Gynecology, 7th edition, Beckman, et al.
 - Case Files Family Medicine, 5th Edition.
 - TeLinde's Operative Gynecology, 10th edition, Rock, et al.
 - APGO: <https://apgo.mycrowdwisdom.com/diweb/institution?guid=8d919a9e-fd6a-4bb5-b78c-fe6e6bec85ce>. This site contains many videos, as well as a question bank for review. This is considered the best study resource for success in the Ob/Gyn clerkship, NBME exam, and USMLE Step 2. Students must be registered through the SSOM Department of OB/GYN.
 - Pelvic examination in the clinic: <https://youtu.be/EXFamZpqEtI> *Note that this is a good example of how to do a pelvic exam, but each attending may have variations on this.
 - In Sioux Falls, simulation training for OB scenarios is available in the OB/GYN Dept. Ask Shari Snell-Drilling or Dr. Laurie Landeen, Clerkship Director, for access to the computer located in the faculty guest office.
- **Pediatrics**
 - Nelson Essentials of Pediatrics, 7th Edition
 - Harriet Lane Handbook, 22nd Edition
 - Zitelli and Davis' Atlas of Pediatric Physical Diagnosis, 6th Edition
 - UpToDate Articles:
 - Assessment of the Newborn Infant
 - Evaluation and Management of fever in neonates and infants <3 mo
 - Congenital Heart Disease in the newborn
 - Pediatric Physical Exam
 - Fever Without a Source in 3-36 month-old infants
 - Standard Immunizations for children and adolescents
 - Clinical Assessment and diagnosis of hypovolemia in children
 - Treatment of hypovolemia in children
 - Oral Rehydration therapy
 - Common Cold in children—features/diagnosis/treatment/prevention
 - Overview of seizures in pediatrics
 - Overview of the causes of limp in children
 - Suspected heart disease in children and adolescents
 - Approach to the child with anemia
 - Screening tests in children and adolescents
 - Developmental-Behavioral surveillance
 - Etiology and evaluation of failure to thrive in children < 2 years
 - Septic shock: Rapid recognition and initial resuscitation in children
 - Approach the child with a headache
 - Clinical assessment of the child with suspected cancer
 - Evaluation of dizziness in children and adolescents
 - Approach to the child with occult toxic exposure
 - Evaluation of hypertension in children and adolescents
 - Constipation in children: Etiology and diagnosis

- Natural history of asthma
- Acquired hypothyroidism in childhood and adolescence
- Genetics and clinical presentation of classic congenital adrenal hyperplasia due to 21- hydroxylase deficiency
- Pathogenesis and etiology of unconjugated hyperbilirubinemia in the newborn
- Acute liver failure in children: Etiology and evaluation
- Clinical features and diagnosis of inflammatory bowel disease in children and adolescents
- Evaluation of the child with joint pain or swelling
- Evaluation of sore throat in children
- Etiologies of fever of unknown origin in children
- **Psychiatry**
 - The Pocket Guide to the DSM-5(TM) Diagnostic Exam
 - Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry, 11th Edition
 - Blueprints Psychiatry, 6th Edition
 - Interview Guide for Evaluating DSM-5 Psychiatric Disorders and the Mental Status Examination, Mark Zimmerman, M.D., Psych Products Press
- **Surgery**
 - Essentials of General Surgery, 5th Edition

General Reading Guidelines

- Regular reading is a key part of lifelong learning.
- Reading, preferably on a daily basis, is an important part of the preparation for NBME subject exams this year and for Step 2 CK next year.
- Paced reading that is tied to patients or cases will be better retained than longer than a rote reading of chapters in a random textbook.
- **Reading Options to Consider:**
 - Read daily on at least three topics, 15-20 minutes for each. These topics may be related to learning issues or patients encountered in the clinic or hospital.
 - Option 1 - Read from quality texts such as those suggested by the departments (see handbook section on Recommended Reading).
 - Option 2 - Purchase or access the "Current Medical Diagnosis and Treatment" for each of the major disciplines. These are available online through the library, but many prefer paper or e-reader versions. Recommend print date within the past two years.
 - Complete 5 board-type questions daily in one of the seven major disciplines (internal medicine, family medicine, pediatrics, psychiatry, surgery, OB, neurology). A recommended resource for these questions is USMLE World or Online Med Ed, though there are many others. Again, the library databases include Exam Master, which would be another source for questions.
 - **Online Med Ed**
 - Pillar 2 students have access to the Premium version of Online Med Ed.
 - All clinical video "chalk talks" are included.

- Downloadable .mp3 and .pdf formats are available.
 - Each section has multiple board-style questions.
 - Each student has access to over 1200 flashcards.
 - Each student has access to a study planner available through OME.
- **Additional Tips**
 - Don't read exclusively from Up-To-Date. While this is a wonderful evidence-based resource, many of the topics are focused on point-of-care. Thus, the background and detail which are important when first learning about a topic may not be included.
 - Don't read exclusively from board question books. Again, the level of detail is not there. These books serve as excellent supplements and can help identify knowledge gaps, but they should not be the only source of reading.
 - If students are concerned about covering each discipline equally, photocopy the Table of Contents from the major reading sources. As a topic is covered, make a check by that topic in the respective table of contents. As the year progresses, students may want to focus some of their reading on the areas with fewer check marks. When you finish a topic, you should have a basic understanding of symptoms/presentation, management, and prognosis.