

**MSPE Web APPENDIX**  
**University of South Dakota, Sanford School of Medicine**  
**Class of 2018**

The mission statement includes “...to receive a quality broad-based medical education with an emphasis on Family Medicine. The curriculum is to be established to encourage graduates to serve people living in medically underserved areas...” Although this emphasis encourages students to pursue Family Medicine and also alerts students to the needs of the underserved, all graduates are broadly trained in the core areas of medicine and are well prepared to enter any specialty they choose and to practice in any setting. The classes typically match in 14-16 different specialties.

The curriculum is delivered in three Pillars. Pillar 1 is Basic Biomedical Sciences, Pillar 2 is Core Clinical Clerkships and Competencies, and Pillar 3 is a combination of some required rotations with 38 credits for electives. Pillar 1 is three semesters taught with a systems-based approach at the Vermillion campus. Pillar 2 is taught during semesters four and five, and is taught in a Longitudinal Integrated Clerkship (LIC) format. During this year, students rotate on a four-week cycle through each of seven Core Clinical Clerkships: Internal Medicine, Family Medicine, General Surgery, Obstetrics & Gynecology, Pediatrics, Psychiatry and Neurology. Faculty evaluate students in their discipline, and in six different competencies within their discipline. The six competencies are a combination of the competencies in each of the seven Core Clinical Clerkships. They are listed at the end of this appendix along with the basis of those grades. The transcript will show a grade for the disciplines and a grade for each of the six competencies. The number of credits in the disciplines does not reflect the total impact from that discipline, since part of the effort is combined from all disciplines to contribute to the competency grades. Besides the combined evaluations from all seven disciplines, the competency grades typically include at least one other component. For example, the Interpersonal and Communication Skills includes the evaluation by the standardized patients in the OSCE.

For Pillars 2 and 3, students are based at one of three clinical sites – Rapid City, Sioux Falls or Yankton. In addition, several students from each class apply for and are accepted for the majority of their training for Pillar 2 at one of the Frontier and Rural Medicine (FARM) sites.

Students matriculate the third Monday of July. For the class of 2018 the three-semester Pillar 1 has a 6-week break in May/June. The third semester ends in mid-December. Students take USMLE Step 1, between Pillars 1 and 2. Pillar 2 begins the first Monday of February and extends for a year. Students must pass USMLE Step 1 to continue in Pillar 2 beyond June. At the end of Pillar 2, students must pass an OSCE administered by the medical school. They are also required to pass USMLE Step 2-CK and to take USMLE Step 2-CS in order to graduate. Students have 15 weeks of required clerkships during the three semesters in Pillar 3, and 38 weeks of electives. During Pillar 3, most students take one or two electives as a visiting student at another medical school.

Grades are assigned on an A – B – C – D – F scale with D and F being unsatisfactory performance that results in either remediation or dismissal. In general, 90.50% and above = A, 80.50-90.50 = B and 70.50-80.50 = C. During Pillar 1, the scale is from 91.0% = A; 81.0-90.9 = B; 75.0-80.9 = C. The term “repetition/remediation” is used where a student is required to take additional time to repeat part of a course, or to repeat the entire course with the appearance of both grades on the transcript. This term is not used in cases where students are permitted to repeat an individual exam.

The MSPE narrative includes selected quotes from attending physicians, clerkship directors or course directors which are filed as part of the grade evaluation and are enclosed within quote marks. The selection of quotations is designed to demonstrate a broad spectrum of information, to include primarily summative evaluations, and to emphasize the strengths of the student without omission of repetitive

statements about weaknesses. Information within this form of square brackets [ ] represents editorial or clarifying information supplied by the authors of the MSPE. Because not all graduating students may have taken a specific course the same year, all graphics are based on a comparison between the members of the graduating class, at the completion of Pillar 2.

The MSPE is composed by the Assistant Dean of Medical Student Affairs, and the Dean of Medical Student Affairs based on information in the academic file, an individual interview with the student, and knowledge gained about the student through frequent contacts during their educational career.

The student is permitted to review a draft of the MSPE prior to final submission for the dual purpose of assuring accuracy of demographic or personal information and to provide the student with the information that program directors will be reviewing.

### **Basis for grades during Pillar 2**

#### Discipline course grades:

#### **Family Medicine, Internal Medicine, Neurology, Ob/Gyn, Pediatrics, Psychiatry, Surgery**

50% NBME Subject exam for the discipline

30% Attending Physician evaluations within the discipline

20% H&P's within the discipline, or observed clinical encounter, or on-line case studies

#### Competency Course Grades:

##### **Patient care**

50% Attending Physician evaluations from all seven disciplines

25% H&Ps from all seven disciplines

25% Overall OSCE Score

##### **Medical knowledge**

70% NBME Subject exams for all seven disciplines

30% Attending Physician evaluations of application of knowledge from all seven disciplines

##### **Practice-based learning & improvement**

50% Attending Physician evaluations from all seven disciplines

25% From Triple Jump exercises. (Students are given a clinical case, they then have two hours to research the case, then immediately return to the physician and present the case. The physician assigns a Triple Jump score based on accuracy of diagnosis, proper use of literature searches, quality of treatment plan, and communication both written and oral.)

25% From Journal Club

##### **Interpersonal & communication skills**

50% Attending Physician evaluations from all seven disciplines

25% Interpersonal & communication component from OSCE

25% Small group facilitator evaluations (Small groups of students meet and present a case, develop learning issues, research those learning issues, and report back to the group at the next meeting.)

##### **Professionalism**

40% Attending Physician evaluations from all seven disciplines

30% Professionalism paper

30% Demonstrated professional habits (includes prompt completion of tasks, punctuality and preparation, and receptivity to feedback)

##### **Systems-based practice**

25% Attending Physician evaluations from all seven disciplines

50% Healthcare Quality Improvement Program

25% Palliative care sessions