



UNIVERSITY OF
SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

Pillar 2 Student Handbook
Class of 2023

2021-2022

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Welcome

Dear Pillar 2 Students,

I am very excited to welcome you to Pillar 2. Through your hard work in Pillar 1, you created a foundation of basic and clinical science knowledge on which you can now begin to build your clinical expertise. Many members of the USD Sanford School of Medicine faculty and staff have diligently worked to create and refine the best educational experience possible for you. We aim to provide you a sound foundation in clinical medicine through training in the seven core clinical disciplines along with education in quality improvement, patient safety, ethics, palliative care, and other key topics

The Pillar 2 curriculum focuses primarily on learning the seven core disciplines through ambulatory training in the Longitudinal Integrated Clerkships (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 to prepare you 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.

Along with developing your clinical skills, the LIC also affords you new freedom in your learning process. The ability to simultaneously navigate the seven core disciplines through scheduled experiences, self-directed learning time, and work with panel patients provides longitudinal and integrated learning. It also emphasizes accountability in your own learning. Campus leaders and your LIC faculty will take note of your attendance, participation, and involvement with the curriculum. These professional behaviors are essential for your learning process. You need to devote your fullest energy and interest to each clinical experience to make sure you are continually learning. Your quality of education in Pillar 2 is not only dependent on the quality of teaching USD provides in each clinical activity but is also directly related to the amount of energy you put into this learning experience. A student in another LIC said, “My experiences have built a personal inner standard of the kind of medical care I would like to deliver, taking into account what patients most desire in their physician.”¹

Our hope is that your experiences over the course of Pillar 2 will truly help you become the physician you envisioned you would become when you began this journey. Work hard, care for people, and reach out if there is anything we can do to help in your Pillar 2 journey.

Sincerely,

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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

- Updated contact list can be found on D2L in the Pillar 2 course.

Competencies

- Updated SSOM Medical Student Competencies can be found on D2L in the Pillar 2 course.

Class of 2023 – Pillar 2 Calendar (2021-2022)

- Updated calendar found on D2L in the Pillar 2 course.

Overview of Pillar 2

Mini-Blocks

- A mini-block is a concentrated opportunity within a core discipline which typically occurs early in Pillar 2. They are often focused on inpatient care, although they may offer a mix of ambulatory and inpatient care.
- All Pillar 2 students participate in the Rural Family Medicine Mini-Block/Preceptorship. This is a three-week family medicine preceptorship in rural South Dakota which provides students an opportunity to live in a rural community and work with a rural family physician.
 - All information, to include requirements due by the end of the mini-block, will be housed in D2L, as well as emailed directly to the students.
 - Preceptors will provide students with written feedback about their performance through a one45 assessment, but no grade is assigned.
- For the other core disciplines, clerkship directors, campus deans, and Pillar 2 administration have collaborated to identify specific mini-blocks that meet Pillar 2 educational needs.
 - These assignments will vary by campus and students will be oriented to their assigned mini-blocks during Pillar 2 orientation.
 - Students are required to generate one “on-the-fly” one45 assessment for each mini-block week. Instructions on this process will be provided during Pillar 2 orientation.
- Vacation and education days cannot be used during any mini-block experiences without prior approval of the Campus Dean and Pillar 2 Director.
- Call held during any mini-block experience will not count towards required call in the LIC.

Longitudinal Integrated Clerkship (LIC)

- An LIC is a curricular structure in which
 - Medical students participate in the comprehensive care of patients over time.
 - Medical students have continuing learning relationships with these patient’s clinicians.
 - Medical students meet, through these experiences, the majority of the year’s core clinical competencies across multiple disciplines simultaneously.
- The LIC forms the bulk of the Pillar 2 clinical experience and provides the foundation for students’ clinical skills.
- In the longitudinal integrated clerkship (LIC), students average roughly one half-day per week in each of the seven major disciplines, which provides opportunities for students to gain clinical competence across multiple disciplines simultaneously.
- Details regarding students’ specific LIC schedules will be shared by their campus education coordinator 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 activity throughout the year. When able, students should complete hospital rounds on any hospitalized continuity patients, including post-operative patients or postpartum patients and their newborns on a daily basis. 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. In order to meet these expectations, students may need to arrive at the hospital early, often an hour before scheduled rounds. Please check with the attending regarding these expectations.

Self-Directed Learning (a.k.a. White Space)

- Self-directed learning (SDL) is a key element of the LIC curriculum and learning skill necessary for lifelong learning. Students have approximately 1.5 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:
 - First Semester (Spring / Early Summer)
 - Focus on establishing continuity patients – see next section for details.
 - Focus on completing Pillar 2 requirements, including procedures for SPEL, online cases, assigned 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.
- SDL can be used to exchange with a scheduled clinic for professional reasons. Discuss this with the respective LIC attending in advance.
- SDL is not vacation or “free-time.” Students should not move clinic days or half days to create white space with the intent of using it for vacation. Prior approval, including an **Absence Request Form**, is required for any time away from patient care or educational activities.
 - SDL should be used to follow panel/continuity patients
 - SDL can also be used to pursue areas of clinical interest. This aspect is lower in priority than the activities outlined above. Whenever possible, such activities should involve more than simply observing patient care with a subspecialist.
 - SDL can be used to read, study, or attend grand rounds and other local educational sessions. This is probably the least effective use of time. Regular reading is important but better done on a scheduled basis during evenings and weekends.
 - 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
- **A student will be allowed to use one half-day per week of SDL to be engaged in scholarly activity to work on any of the following projects.**
 - Research projects
 - Journal Club

- Ethics discussion posts
- Scholarship Pathways projects (if enrolled previously)
- Cultural Immersion posters
- Community Projects (FARM Students)

Continuity Patients

- Through Pillar 2, students must identify a group of continuity patients whom they will follow more closely throughout the year. These are patients whom a student sees through at least 3 clinical encounters and they are best identified early in the year to facilitate close follow-up.
- Continuity patients may be identified in inpatient or outpatient clinical settings throughout the year. Examples of continuity patients include:
 - A man picked up during a surgery experience with polytrauma requiring multiple surgeries and/or follow-up appointments.
 - A pregnant woman picked up during obstetrics clinic. (This would also be an opportunity to pick up her newborn as a continuity patient for their first few visits.)
 - An elderly patient encountered during internal medicine clinic diagnosed with cancer and undergoing chemotherapy.
- **Students should identify 4-5 continuity patients in each discipline, totaling at least 25 patients.**
 - Some of these student-patient relationships will involve numerous meaningful encounters during the year. Students should follow their continuity patients by attending their patients' surgeries or deliveries or accompanying them to outpatient appointments.
 - By choosing what healthcare encounters to attend with their continuity patients, students will have opportunities to direct their own learning and pursue areas of individual interest.
- In order for students to attend an appointment or procedure for a continuity patient, it may be necessary to leave a scheduled LIC clinic. Students should inform their clinic preceptor and arrange to make up clinic absences during their self-directed learning, or "white space."
- When entering a continuity patient encounter in Student Patient Experience Log (SPEL), students should designate it as a continuity patient encounter.
- Each clinical site has its own method to help facilitate the connection and contact students may have with their continuity patients. Some electronic medical records allow a student to add his or her name 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 his or her 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 own 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 (appropriate on-line resources and other faculty) and present the findings at the next clinical encounter with their preceptor.

- Students should be able to identify their own learning issues but may need some guidance from the preceptor. One or two learning issues are appropriate for a 2-4 hour clinic session. Following are some key components of learning issues.
 - Relevant to a patient case
 - Related to the course or clerkship objectives
 - Specific and answerable
 - Clearly stated so that both student and preceptor understand the goal

Student Supporters

- While in Pillar 2, students will have multiple faculty members available for educational and career counseling and support. These faculty members include:
 - Clerkship directors – Oversee and evaluate all Pillar 2 students on all campuses.
 - LIC faculty advisors – Members of the campus coordinating committee who represent each core discipline and participate in assessment of students on their campus.
 - Mentors – Informal faculty members with whom students connect around career choices, research projects, etc.
 - Campus Education Coordinators – Coordinate the day-to-day educational activities on each campus.

Professionalism

- Students are expected to adhere to the ethical and behavioral standards of the profession of medicine. Physicians must recognize responsibility not only to their patients, but also to society, to other health professionals, staff, and to self.
- As a medical school, we emphasize the following professional behaviors:
 - **Altruism** - Physicians subordinate their own interests to the interests of others.
 - Show appropriate concern for others, including going “the extra mile” without thought of reward
 - Put yourself “in others’ shoes” while still maintaining objectivity
 - **Honor and Integrity** - Physicians are truthful, admit errors, and adhere to high ethical and moral standards.
 - Display honesty, forthrightness, and trustworthiness
 - Model ethical behavior, including confronting or reporting inappropriate behavior amongst colleagues
 - Admit errors and seek and incorporate feedback
 - **Caring, Compassion and Communication** – Physicians take time to talk to patients and families, break bad news with compassion, and communicate effectively with colleagues.
 - Work well with others
 - **Respect** - Physicians treat patients with respect and deal with confidential information appropriately.
 - Demonstrate respect for and sensitivity to patients (beliefs, gender, race, culture, religion, sexual orientation, and/or socioeconomic status)
 - Maintain sensitivity to confidential patient information
 - Respect authority and other professionals within the interprofessional team
 - **Responsibility and Accountability** - Physicians fulfill their professional responsibilities and are aware of their own limitations.

- Meet deadlines and be punctual for all assigned tasks. This includes educational and professional practice requirements, e.g. immunizations, EMR training, infection control training, etc.
 - Follow policies and procedures, including attending all required educational activities
 - Assume responsibility when appropriate and ask for help when needed
 - Maintain neat personal appearance*
 - **Excellence and Scholarship** - Physicians demonstrate conscientious clinical decision making, seek to advance their own learning, and are committed to spread and advance knowledge.
 - Set and actively work toward personal goals
 - **Leadership** – Physicians advocate for the profession and promote the development of others.
- Students will be assessed regularly by their LIC attendings and coordinating committees based upon the behaviors listed above.
 - Professional and Unprofessional Behavior Report Forms can be found in D2L or on the medical school Web Portal found under *Forms*.
 - * Students should be aware the clinical sites may have specific guidelines that need to be followed regarding facial hair, tattoos, piercings, etc. Students should wear a clean, white coat with a name badge at all times when engaged in any clinical activity. Surgical scrubs are permitted in the operating room (OR) or emergency room but should NOT to be worn out of the hospital. When leaving the OR for short periods or when on-call, students should always wear a white coat over the scrubs and change into new scrubs before returning to the OR.

Electronic Medical Record (EMR)

As stated in its Medical Student Education Objectives, the Sanford School of Medicine expects that students will demonstrate *compassion for patients and respect for their privacy and personal dignity*. The Sanford School of Medicine Student Code of Professional Conduct prohibits *showing lack of compassion or respect for patients and others by breaching confidentiality*. Finally, the Affirmation of the Physician recited by students at matriculation and graduation states, *“I will hold in confidence all that my patient relates to me.”* To that end, the following policy relating to the written, verbal, and electronic aspects of patient confidentiality and medical record use requires each student’s attention and signature.

Access

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

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

Access should be through the established policies within that hospital or clinic, and applies to verbal, written, email, electronic, or any other route of communication. All written and electronic records remain the property of the hospital or clinic.

Student Personal Medical Records

Students may not utilize their electronic health records to access their own records. If students need access to their own records, they must follow the usual patient processes and procedures for obtaining medical records.

Release of Medical Information

Students should not release medical information to outside parties without the direct supervision of faculty and then only with a signed authorization from the patient, a parent or custodial parent in the case of a minor, the patient's legal guardian or a person having the patient's Power of Attorney. This applies also to facsimile, voice and electronic mail.

Student-Generated Records

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

Student Patient Encounter Log (SPEL)

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

Verbal communication

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

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

Electronic Transmission

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

Disposal

Patient information that is written or printed should be shredded immediately after use.

Electronic patient information should not be stored by the student and should be deleted as soon as no longer needed.

Pillar 2 Requirements

#	History & Physical – New Patients
8	H&P – Family Medicine (4 in Mini-Block/Preceptorship)
4	H&P – Internal Medicine
4	H&P – Neurology
4	H&P – OB/GYN
4	H&P – Pediatrics (including growth charts-can be in FM)
4	H&P – Psychiatry (using Psychiatry forms)*
4	H&P – Surgery
32	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 Mini-Block/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 – Family Medicine
13	Case X Online Cases – Internal Medicine
6	Case X Online Cases – Pediatrics
1	Case X Online Cases – Psychiatry
12	Case X Online Cases – Surgery
46	Total Online Cases

#	PEDIATRICS ONLINE LEARNING
25	All 25 Pediatric Didactic Videos (Online Med Ed)
4	PIDS Vaccine Education Program Modules

#	OTHER ACTIVITIES
413	Student Patient Experience Log (SPEL)
2	OSCE (Practice & High-Stakes)
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	Palliative Care Seminar

#	1-CREDIT COURSES
1	Friday Academy
1	Clinical Ethics
1	Radiology
1	Cultural Immersion (Journal & Poster)

#	GRAND ROUNDS
5	Grand Rounds/Conferences of Student Choice

Clinical Documentation

- The ability to create and manage 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.
- Students should regularly, with the guidance of their LIC preceptors, be creating clinical documentation and seeking feedback on their daily notes.
- In addition to the routine documentation completed as part of clinical experiences, students are required to submit documentation for formal assessment.
- General principles for all clinical documentation requirements:
 - Following a patient work-up, the student should present the oral presentation 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 focus on demonstrating their clinical reasoning within the presentation and written note, particularly within the assessment and plan section.
 - No identifying patient information should be including name, birthdate, and patient ID numbers.

- The assessment forms for these notes can be found in the Pillar 2 D2L shell in the Note Templates module. Students should provide a printed copy of the assessment form to their attending with each presentation.
- Once completed and signed by the attending, the student must submit the note to the campus education coordinator for credit. These will not be counted until they are handed in with an original signature and meet the requirements. (This means inclusion of growth charts or other required elements.) (In Sioux Falls, these can be delivered to the student lounge and placed in the locked paperwork slot that is picked up at regular intervals).
- Students are encouraged to space their documentation completion out through the year. If documentation requirements are completed early in each semester, students are still expected to continue practicing documentation skills as often as possible within their clinical experiences.
- *Psychiatry H&Ps must cover the following problems: Anxiety disorder (1), Mood disorder (1), Thought disorder (1), Substance use disorder (1) to equal 4 H&Ps.
- Spring 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.
 - 18 complete history & physicals (H&Ps) – 2 per discipline + 4 during FM mini-block
 - 14 progress notes (SOAP / APSO notes) – 2 per discipline
 - **All 32 notes must be completed, assessed by an attending (or resident with faculty status), and submitted to the campus education coordinator by 5:00 pm the Thursday prior to mid-year NBME exam week.**
- Fall 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 they may be completed within the EMR if allowed by the attending and faculty. The attending may assess the note within the EMR. (Students should refrain from printing protected patient information, and thus would only need to turn in the assessment form to the education coordinator.)
 - If you are a student identified as at-risk with your spring semester documentation, you may be asked to continue a similar process of turning in your documents for review in the fall semester.
 - **All 28 notes must be completed, assessed by an attending (or resident with faculty status), and submitted to the campus education coordinator by 5:00 pm the Thursday prior to end-of-year NBME exam week.**
- 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 deadline will be reflected in the discipline-specific grade and/or professionalism competency.

Observed Encounter (OE)

- Students are to be observed by an attending performing a **problem-focused history and physical or mental status exam** for each discipline.

- Students will generate a self-send OE form through One45 for their attending to use for assessment of the activity.
- **One OE must be completed in each discipline each semester (for a total of 7 OEs in spring and 7 OEs in fall).** 1st semester (spring) Observed Encounters will be a completion grade within each discipline (S/U), while 2nd Semester (fall) scores will contribute to the overall fall Patient Care grade. To receive credit for completion, attendings must complete and submit the one45 assessment by 5:00 pm on the Thursday before each NBME exam week. **This requirement is in addition to the 3 required observed encounters during the FM mini-block.**

Online Cases

- **46 online cases are required during Pillar 2** from the Aquifer and Case X online case repository. Specific Family Medicine Aquifer case names and numbers are listed below.
- **23 cases must be completed by 5:00 pm the Thursday prior to mid-year test week. All 46 cases must be completed by 5:00 pm the Thursday prior to final test week.** Failure to do so is a professionalism issue and may result in an adjustment in the professionalism grade.
- Aquifer cases: Students will receive an email from Aquifer stating that you have been added into a custom course. Go to www.aquifer.org and select "Sign In". Use your USD emails and password you set up when registering. The custom course, Sanford School of Medicine – Pillar 2 Online Cases – Class of 2023, 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:
 - Confirm with you Campus Education Coordinator that they have recorded your case completion. If you do not confirm with them and the case has not been recorded, you 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 consider downloading your note if you need it.
 - Case resets will show on Student and Faculty Reports.
 - **Family Medicine – 14 Aquifer Cases (Due during mini-block)**
 - Case 1: 45 year old female annual exam
 - Case 2: 55 year old male annual exam
 - Case 5: 30 year old female with palpitations
 - Case 6: 57 year old female presents for diabetes visit
 - Case 8: 54 year old male with elevated blood pressure
 - Case 10: 45 year old male with low back pain
 - Case 11: 74 year old female with knee pain
 - Case 18: 24 year old female with headaches
 - Case 19: 39 year old male with epigastric pain
 - Case 20: 28 year old female with abdominal pain
 - Case 25: 38 year old male with shoulder pain
 - Case 26: 55 year old male with fatigue
 - Case 29: 72 year old male with dementia
 - Aquifer Oral Presentation Skills (Skills 1-4)

- Case X cases: Use the following URL: <https://home.onlinemeded.org/> and click on “Log In” in the upper right corner. Log in with your USD email. This link can also be found on D2L in the Pillar 2 course.
 - **Internal Medicine** – 13 Case X Cases (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
 - **Pediatrics** – All 6 Pediatric Case X Cases
 - Optional 4 Peds Psych Case X Cases (found under NeuroPsych or Pediatrics)
 - **Psychiatry** – 1 of the 4 Psychiatry Case X Cases (found under NeuroPsych)
 - **Surgery** – All 12 Surgery Case X Cases

Pediatrics Online Learning

- All 25 pediatric didactic videos in Online Med Ed at <https://home.onlinemeded.org/>.
- PIDS Vaccine Education Program due at midterm: <https://pids.org/education-training/vaccine-education-program/>
 - The Comprehensive Vaccine Education Program—From Training to Practice is a combined educational offering to help combat vaccine misinformation and address vaccine hesitancy in two ways.
 - Enhancing vaccine knowledge and confidence in having discussions with patients and parents through a web-based educational curriculum (CoVER)
 - Enhancing access for medical providers to reliable, up-to-date and accurate vaccine information through The Vaccine Handbook App (TVH App)
 - The Collaboration for Vaccine Education and Research (CoVER) was established in order to enhance vaccine education that will increase healthcare professionals’ knowledge and competency for communicating with patients and patients’ families about vaccination. The CoVER curriculum will consist of four online modules (Vaccine Fundamentals, Vaccine Safety, Vaccine Preventable Diseases, and Vaccine Communication).
- **All 25 Pediatrics online learning didactic videos and 4 vaccine modules due by 5:00 pm the Thursday prior to mid-year test week.**

Student Patient Experience Log (SPEL)

- SPEL provides an ongoing record of a student’s clinical experiences in medical school, which is necessary for the following:

- Student self-assessment of the breadth and depth of their clinical experiences, as well as validation of experiences to prepare students for residency applications and matriculation.
- Campus coordinating committee's monitoring of individual student progress through the Pillar 2 curriculum.
- SSOM's monitoring of clinical curricular experiences to ensure sufficient breadth and depth of content covered.
- Fulfillment of Liaison Committee on Medical Education (LCME) requirements for medical school accreditation.
- SPEL begins a habit of logging clinical experiences that will be required through post-graduate training (residencies and fellowships) and potentially future practice.
- **What is a SPEL experience?**
 - Any meaningful interaction with a patient in which the student directly participates in patient care.
 - As long as each encounter is "meaningful" and occurs on a new day, log a new entry in SPEL. For example, if a student rounds for three days on a patient admitted for an acute myocardial infarction and write a note for each day, this is counted as three separate SPEL entries. Likewise, if a student sees a diabetic patient in clinic every three months for a total of three times, and they participate in each encounter, this is counted as three separate SPEL entries. Patient encounters like this may occur with hospital, clinic, or continuity patients.
 - **Document patients in SPEL for any of the following examples:**
 - Performed an H&P and completed an assessment with a faculty physician
 - Participated in a medical procedure or surgery
 - Participated in obtaining a significant focused part of the history and/or:
 - Discussed the differential diagnosis or diagnostic plan
 - Contributed to the discussion of a management plan
 - Counseled a patient regarding the management plan
 - Participated in performing a focused part of the physical exam and/or:
 - Discussed the differential diagnosis or diagnostic plan
 - Contributed to the discussion of a management plan
 - Counseled a patient regarding the management plan
 - Performed post-operative/post-partum visit
 - **Do NOT document in SPEL for the following examples:**
 - Heard about another student's patient on rounds
 - Discussed a patient in Small Group
 - Listened to a patient present their story to a large classroom
 - Followed the assigned attending in a clinic or hospital but did not actively examine or participate in that patient's diagnostic or therapeutic plan
- How do students log SPEL?
 - SPEL is entered through a log in one45, which will be introduced during orientation.
 - Students should enter SPEL data promptly after seeing a patient. One45 can be accessed remotely from any computer or mobile device. Alternatively, students can make entries on a paper note card during the day and do their computer entry at the end of the day.
 - It is essential that students make this a habit to document daily their experiences so that they can carry these habits into residency training and beyond as a future physician.
 - Within SPEL, there is both an encounter (diagnosis) log and a procedure log.

- Some patients will be entered into SPEL simply as a diagnosis, e.g. a child with strep pharyngitis.
- Other patients may qualify as both a diagnostic encounter and as a procedure, e.g. a patient with colon cancer who undergoes a colon resection.
- To protect confidentiality, the patient’s name, birthdate or record number should not be entered into the log. Instead, enter the date of the encounter, supervising physician, age range, gender, whether the patient has been seen previously, the setting (clinic, hospital, ER), whether this is a panel patient, the patient’s diagnosis(es) or presenting complaint, the level of participation (observed or participated). Students may also enter a brief note about the encounter and identify ethical issues, if applicable.
- Please refer to the document on D2L in the SPEL module named *Pillar 2 SPEL Requirements Items List*, which lists the items you can log that will count toward the competencies.

#	REQUIRED CLINICAL ENCOUNTERS (SPEL)	Clinical Setting	Participation Level
1	Child Health – Central Nervous System	Inpatient/Outpatient	Participated
3	Child Health – Chronic Medical Problem	Inpatient/Outpatient	Participated
3	Child Health – Dermatologic System	Inpatient/Outpatient	Participated
1	Child Health – Development	Inpatient/Outpatient	Participated
1	Child Health – Emergent Clinical Problem	Inpatient/Outpatient	Participated
3	Child Health – Gastrointestinal	Inpatient/Outpatient	Participated
1	Child Health – Growth	Inpatient/Outpatient	Participated
3	Child Health – Lower Respiratory	Inpatient/Outpatient	Participated
1	Child Health – Unique condition: Fever without localizing findings	Inpatient/Outpatient	Participated
1	Child Health – Unique condition: Neonatal Jaundice	Inpatient/Outpatient	Participated
3	Child Health – Upper Respiratory	Inpatient/Outpatient	Participated
5	Medical Conditions – Cancers	Inpatient/Outpatient	Participated
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 Dis.	Inpatient/Outpatient	Participated
3	Neurology – Predominantly Urgent/Emergent Neurologic Dis. Disorders	Inpatient/Outpatient	Participated
5	Surgery – Preoperative Evaluation (Day of Surgery in Hospital)	Inpatient	Participated
10	Surgery – Postoperative Evaluation (Day of Surgery in Hospital)	Inpatient	Participated
10	Surgery – Clinic Eval for New Diagnoses (Consult/HP)	Outpatient	Participated
10	Surgery – Clinic Eval Recent Post Procedure Follow-Up	Outpatient	Participated
1	Surgery – Injured Patient (Trauma) Evaluation in Emergency Room	Inpatient	Participated
2	Surgery – Emergent Surgical Patient (Non-Trauma) Evaluation in Emergency Room	Inpatient	Participated
10	Women’s Health – Gynecology Conditions	Inpatient/Outpatient	Participated
10	Women’s Health – Obstetrics Conditions	Inpatient/Outpatient	Participated
15	Women’s Health – Office Practice or Other	Outpatient	Participated
10	Professionalism/Diversity/Quality	Inpatient/Outpatient	Participated
#	PROCEDURES (SPEL)	Clinical Setting	Participation Level
15	Child Health – Well-child exam	Outpatient	Participated
15	Child Health – Newborn exam	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
2	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
2-5	Women's Health – Section Deliveries (10 total vaginal/section)	Inpatient	Participated
5-8	Women's Health – Vaginal Deliveries (10 total vaginal/section)	Inpatient	Participated

Objective Structured Clinical Examination (OSCE)

- Successful completion of the high-stakes Objective Structured Clinical Examination at the end of Pillar 2 is required for graduation from the USD Sanford School of Medicine.
- For this exam, students perform in a series of clinical encounters with standardized patients followed by documentation of findings in the enhanced progress note format.
- In addition to clinical cases, the Pillar 2 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 that have been taught during medical school training.
- Students will participate in a practice OSCE, as well as a mandatory Friday Academy session to orient them to the OSCE. Additional details on the OSCE and format can be found on D2L.

BLS & ACLS

- **Students are required to have BLS (Basic Life Support) and ACLS (Advanced Cardiac Life Support) training completed early in their Pillar 2 experiences.**
- Both BLS and ACLS training are offered on all of the clinical campuses during simulation week. This training can truly provide a foundational knowledge to allow students to more comfortably manage more 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 preceptor.)
 - The student is presented with a new clinical problem in a brief written scenario.
 - The student identifies initial hypotheses and 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 independent)
 - 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 preceptor)
 - The student reports on progress.
 - The student outlines a synthesis of the new knowledge gained in Step 2.
 - The student reviews with the preceptor use of time during Step 2, resources accessed, and information gained.
 - The student modifies or changes the hypotheses and management plan from Step 1 as needed, based on new knowledge.
 - The preceptor 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 first semester, while the third Triple Jump (graded) will occur in second semester. Schedules for these activities will be provided by the campus education coordinator.
- Typical cases include scenarios such as a child with a fever or adult with headache. There may be ethical issues involved.
- Upon completion of any triple jump activity, students should leave all forms and documents, except their individual notes, with faculty or administrators.

Journal Club

- Journal club is an important tool for developing critical thinking skills, which will be used into residency training and beyond. Journal club aims include:
 - Continuing professional development
 - Keeping up-to-date with the current evidenced-based literature
 - Disseminating information on and building up debate about best practices
 - Ensuring that professional practice is evidence-based
 - Learning and practicing critical appraisal skills
 - Providing a time for collegial interactions
- Building upon the foundation from Pillar 1, students will be tasked with presenting at least one journal club and actively participating in all others. Faculty facilitators will guide the small group 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 with the goal of improving knowledge retention.
- Student small group sessions are scheduled regularly on each campus, but the specific schedule varies by campus, and students will be notified by their campus education coordinator or designated staff.
- The groups are typically comprised of 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 serving only as a guide for the dynamic and process of the group. Faculty may briefly step out of the facilitator role to offer comment or advice, but this should be infrequent.
- Session Structure
 - Patient presentation
 - A member of the group will choose to present a patient he/she has seen.
 - Another student will serve as the scribe at the whiteboard.
 - The History of the Present Illness will be presented first. The scribe will write down important data, group questions, hypothesis, and learning issues.
 - The presenter will answer questions raised over historical data and present, when questioned, the PMH, PSH, ALL, MEDS, FH, SH, and ROS **if important to the discussion or if the data was requested by the group.**

- The presenter will provide the physical examination as it is requested by the students.
 - Group will review the data, questions, hypothesis, and learning issues for additions or deletions.
 - The group members distribute the various learning issues. Ensure all of the learning issues have been assigned.
- Study / Research Time
 - Students will research learning issues and prepare to present findings
- Learning Issues
 - Group sharing and discussion of each of the learning issues.
 - Generation of any subsequent learning issues which may appear during the above discussion.
 - Discussion of the resources used for the issues - what was helpful, what was not helpful, etc.
- Each session will end with a brief discussion of the group dynamics – what went well and what could be improved. The facilitator will review interactions and will complete an assessment of every member of his or her small group.
- Please reference the grading rubrics on D2L in the Pillar 2 course for additional information.

Healthcare Quality Improvement Project (HQIP)

- Students completed a series of Institute for Healthcare Improvement (IHI) Open School modules during Pillar 1. These serve as a foundation for quality and safety experiences during Pillar 2. All students will participate in ongoing quality improvement and patient safety training with specific expectations and requirements to be detailed in the future.

Palliative Care Seminar

- This interdisciplinary activity involves students in medicine, nursing, pharmacy, chaplaincy/clinical pastoral education, and social work. The seminar is taught by faculty representatives from each of these disciplines.
- The aim of the seminar is to orient students to the dying process, highlight ways to improve end-of-life care for patients and families, and to foster an understanding of and appreciation for interdisciplinary team approach to palliative care.
- Students will be required to attend the assigned sessions. Campus Education Coordinators or designated staff will distribute schedules and additional course details.

Friday Academy

- Directed by Dr. Jennifer Hsu, 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 in Medicine
 - Societal Challenges
 - Basic Science Reboots
- Students receive a completion grade for participation in Friday Academy.

- Vacation days may be used during Friday Academy sessions; however, students are responsible for understanding the material presented.
- The sessions occur on a rotating schedule. For the most up-to-date schedule, see the Friday Academy calendar on D2L in the Pillar 2 course for times and topics.

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.
- Directed by Gretchen Spars and Dr. Ann Cook, students continue ethics education in Pillar 2 through the 5-month-long course, Clinical Ethics.
- This 1-credit course is delivered during first semester utilizing a mix of methods, including peer dialogue through in-person and online forums, as well as independent reading and reflection.
- Further instructions and the course syllabus will be provided in early spring.

Radiology Course

- Directed by Dr. Joe Severs, Radiology is a 1-credit course delivered during 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 prior to the course beginning in May 2021.

Cultural Immersion Course

- Directed by Dr. Jennifer Tinguely, Cultural Immersion is a 1-credit, 1-week experience embedded in the second semester of Pillar 2 in which students observe and participate in a cultural community to gain a broader understanding of 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. 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 cases conferences in multiple disciplines. Participation in these sessions is an important part of continuing professional development.
- Students are required to attend 5 grand rounds-type presentations over the entire year. Live sessions are preferred, but recorded or videoconference sessions may also be counted toward this requirement.
- USD Grand Rounds schedules can be found on D2L under the Grand Rounds Module.
- Upon completion of the session, students must log their attendance using the Grand Rounds Log in one45.

- If students have questions about the appropriateness of a session for completion of this requirement, they should review the opportunity with their campus education coordinator.

Call and Overnight Shifts

- In Pillar 2, all students are given the 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 important to understand and learn the expectations and rules of call and/or overnight shifts for each respective clinical campus. Duty hours should always be followed when participating in any weekday or weekend call and/or overnight shift experience.

Yankton – ER On-Call Shifts

- Students in Yankton will spend approximately one evening, 6:00 - 11:00 PM, every 10 weekdays, and one weekend day approximately every 7-8 weeks from 8 AM – 11 PM, working with Emergency, Labor & Delivery, and Surgery Department providers to increase their skills in these areas. As in all aspects of the LIC, the on-call shift portion is student centered and the student is responsible to aggressively seek the opportunities to learn skills in ED, Labor & Delivery, and Surgery. Priority focus should first be ED, if there are no patients in the ED students may then choose opportunities in Labor & Delivery or Surgery. If there are no patients in Labor and Delivery or in 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 to notify his/her classmate. Although this student then has the option of coming to the hospital to see and care for his/her patient, it is expected that this student will make this extra effort to see his/her patient.

Sioux Falls – OB & Surgery Shifts

- Sioux Falls OB Shifts:
 - On-call shifts for OB will be a 12-hour shift from 7:00 to 7:00 (AM or PM shifts) in a laborist model, meaning students will be present on the Labor and Delivery unit for the full shift. Students will complete a total of six shifts, with 3 shifts completed before the week of mid-year NBME exam week. Night shifts are not required, but highly recommended when student schedule allows. 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 postpartum 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. This cannot be substituted for students' scheduled LIC clinic time or OR time spent with their attending.
 - The OB Department Assistant maintains a current calendar of the attendings' call shifts and students should refer to this (on D2L), when requesting their on-call shifts from the Sioux Falls campus education assistant. Students should plan two of the three shifts in each half of the year to occur when the student's assigned OB attending is scheduled for call. If the student's attending physician changes their call schedule, students will remain on the original on-call shift and follow the new attending. The student's

requested OB on-call shift schedule for the 1st half of the year must be submitted to the SF Education Coordinator/Assistant by the Monday of week 5 of Pillar 2, and by the Monday of Cultural Immersion week (week 29) for the 2nd half of the year.

- Staff will review student requests to avoid situations where more than one student is planning to participate in the same OB on-call shift. The OB on-call shift schedule will be finalized by OB Department Assistant & SF Campus Education Coordinator/Assistant. Students will be notified of any changes to their requested shifts. Once it is posted on D2L, no changes will be made to the OB on-call shift schedule. The final/posted calendar will be used to verify student attendance for OB shifts.
- **Sioux Falls Surgery Shifts**
 - Students will complete seven surgery NIGHT SHIFTS over the year with the on-call surgical services, including at least one, 24-hour weekend shift, which will include a patient's post-op, follow up assessment and progress note. (See Duty Hours for further work hours explanation.) This longer shift will count towards two of the seven required on-call shifts for the year. The date and time should be determined by the student (Rapid City) or will be scheduled by the student's respective LIC Education Assistant (Sioux Falls). Students must complete four of the required shifts before the first NBME exam week. Students may *request* one surgical shift change for each half of the Pillar 2 year. Some key aspects of the surgical night shift include the following:
 - All night shifts will be "in-house" for consistency of student experiences
 - Night shifts will be a minimum of 12 hours with up to 4 hours of additional work to allow for rounding on post-op patients
 - If the attending surgeon or surgical resident with whom the student is working is in-house, the student will report to them at the beginning of the surgical shift.
 - If the attending surgeon or surgical resident is not in-house during the student's surgical shift, the student will do the following:
 - Inform the OR and floor nursing staff that they are doing the surgery shift and seeking as many surgery-related experiences as possible:
 - Operative procedures
 - Care of patients pre- and post-operatively. This may include, but is not limited to nasogastric / orogastric tube placement, peripheral IV placement, dressing changes, etc.
 - Provide contact information to appropriate nursing staff for use during the shift
 - Provide the start and end times of their shift to nursing staff
 - Report to the surgical floor and work with nursing staff during the night shift to perform procedures and wound management if not needed in the OR or are not actively working with another patient
 - The student is expected to be present, staying with the surgeon, team, or patients during that time. It is important students take an active role in this experience and take initiative to enrich their surgical learning. To the extent possible, students should make rounds with the surgeon and team on subsequent days to learn important aspects of post-operative care.

Rapid City – OB, Surgery & Psychiatry Call/Night Shifts

- Rapid City OB Shifts:

- There are six (6) 12-hour OB shifts that must be completed in Pillar 2, one (1) of which must be a night shift. These shifts are done in house and must be on the L&D floor. To sign up for these shifts at the L&D desk. If you need to cancel or change your shift you must go to the L&D desk and remove your name from the schedule. If you need to cancel on the day of you need to complete the previous as well as call the CRN on call and let them know.
 - Call form must be signed by an OB or the Charge nurse and turned into Teams
- Rapid City Surgery Shifts:
 - Surgical call will consist of several different types of shifts for a total of seven (7). All call shifts must be scheduled with the Education Coordinator and attending if appropriate. If you must cancel or switch shifts, the Education Coordinator, assistant and the attending must be contacted. All call shifts must be completed as an in-house call shift. The call form must be completed, signed by the attending and turned into the education coordinator to count.
 - 24-Hour Shift – Two (2) 24-hour shifts, which span from 7 am to 7 am followed by rounds, will be scheduled for you, one each semester. These shifts count as two (2) each out of the total of seven (7). You are with which ever attending is on call.
 - 12-Hour Shift – Three (3) 12-hour shifts will be completed either day or night as a 7-7 shift. These shifts are to be completed with your attending and cannot be completed during a normally scheduled LIC surgical day.
 - Call form must be signed by Surgery and turned into Teams
- Rapid City Psych Shifts:
 - There are five (5) psych call shifts required during pillar 2. These should be scheduled with the Education Coordinator and must be on a Saturday or Sunday. You can schedule with your attending when they are on during the weekend or work with the one on call.
 - Call form must be signed and uploaded to Teams.

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.

Pillar 2 Assessment

- Throughout Pillar 2, the SSOM and Pillar 2 leadership strive to give students the tools they need to direct their own learning and plan for their future career. Feedback and formal assessment is one 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 their delegate) and viewable to the student in One45. Education coordinators also keep records of extracurricular or other achievements that the coordinating 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.
- **Each month a student is required to review and sign their report via one45.**

Mid-Semester Feedback

- It is critical that students receive face-to-face feedback at the mid-point of each semester, and students will be charged with leading a significant portion of this discussion through their self-assessment form via One45. Completion of required self-assessments will be reflected in the Practice-Based Learning and Improvement Competency grade.
- The specific meetings are:
 - April / May (Spring Semester) – Prior to the face-to-face meeting, the student will receive a self-assessment form in one45. This form must be completed by the student ahead of the face-to-face meeting their Pillar 2 advisor. Additionally, the student is required to bring the completed self-assessment to the meeting. The student and their Pillar 2 advisor will review the student's self-assessment and discuss ongoing plans for knowledge and skill development at the meeting. Both the student and the Pillar 2 advisor will receive a one45 form to confirm that this meeting occurred.
 - October / September (Fall Semester) – Prior to the face-to-face meeting, the student will receive a self-assessment form in one45. This form must be completed by the student ahead of the face-to-face meeting their Pillar 2 advisor. Additionally, the student is required to bring the completed self-assessment to the meeting. The student and their Pillar 2 advisor will review the student's self-assessment, as well as the student's final grade document from the spring semester, to determine ongoing plans for knowledge and skill development. Both 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, it is critical that students receive end-of-semester performance feedback.
- The specific meetings are:
 - July (Spring Semester) – The student and their faculty advisor will review the student's CCSE score, as well as the narrative attending assessments.
 - January (Fall Semester) – The student and their faculty advisor will review the student's CCSE score, as well as 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 on an activity at 74.999% or below will be considered unsatisfactory. Scores at or above 75% will be considered satisfactory. However, unsatisfactory scores on assessments, even if the composite score is above 75%, may require follow up with your 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; Student is performing at the level of a graduating 4th year student (exceptional).
 - 92% - Student was able to meet the objective independently with minimal prompting by attending/facilitator; performing at the level of a Pillar 3 sub-internship student (above expectations).
 - 84% - Student needed assistance to meet objective; student is at the level of an average Pillar 2 student (satisfactory).
 - 76% - Student required significant assistance to meet objective; additional practice is needed to meet the expectations (satisfactory).
 - 68% - Student did not meet objective; student is performing well below the level of their peers and major concerns exist, significant remediation is required (unsatisfactory).

	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.
- Beginning with the Class of 2023, Pillar 2 will be 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 (SPRING) SEMESTER COURSES	CREDITS	GRADE	SECOND (FALL) SEMESTER COURSES	CREDITS	GRADE
Family Medicine Clerkship I	2	S/U	Family Medicine Clerkship II	2	A-F
Internal Medicine Clerkship I	2	S/U	Internal Medicine Clerkship II	2	A-F
Neurology Clerkship I	1	S/U	Neurology Clerkship II	1	A-F
Obstetrics/Gynecology Clerkship I	2	S/U	Obstetrics/Gynecology Clerkship II	2	A-F

Pediatrics Clerkship I	2	S/U	Pediatrics Clerkship II	2	A-F
Psychiatry Clerkship I	1	S/U	Psychiatry Clerkship II	2	A-F
Surgery Clerkship I	2	S/U	Surgery Clerkship II	2	A-F
Patient Care I	2	S/U	Patient Care II	2	A-F
Medical Knowledge I	2	S/U	Medical Knowledge II	2	A-F
Practice-Based Learning & Improvement I	2	S/U	Practice-Based Learning & Improvement II	2	A-F
Interpersonal and Communication Skills I	2	S/U	Interpersonal & Communication Skills II	2	A-F
Professionalism I	2	S/U	Professionalism II	2	A-F
Systems-based Practice I	2	S/U	Systems-based Practice II	2	A-F
Radiology	1	A-F	Friday Academy	1	A-F
Clinical Ethics	1	A-F	Cultural Immersion Experience	1	A-F
Total Credits	26		Total Credits	27	

Grade Breakdown

First Semester Grades

- A satisfactory/unsatisfactory grade will be provided for each discipline and competency.
- Letter grades will be given for the Radiology and Clinical Ethics courses
- Students will receive their grades in a final grade document, which also includes 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, as well as monthly feedback and summarize the student's achievement in each competency.
- Students who receive a deficient (unsatisfactory) grade for any discipline or competency is referred to the SPCC. Subsequent remediation is determined by the SPCC.
- If a student wishes to appeal his or her assigned grade for any course within Pillar 2, he or she should consult the *Medical School Grievance Procedures* section of the Medical Student Affairs handbook.

Second Semester Grades

- A percent/letter grade will be provided for each discipline and competency.
- Students will receive their grades in a final grade document, which includes all NBME subject exam scores and narrative feedback in each discipline and competency.
 - Narrative feedback in each discipline will come from both the mid-year and the 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, as well as monthly feedback and summarize the student's achievement in each competency.

- Students who receive a deficient (D) or failing (F) grade for any discipline or competency is referred to the SPCC. Subsequent remediation is determined by the SPCC.
- If a student wishes to appeal his or her assigned grade for any course within Pillar 2, he or she 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.

Spring
<i>Disciplines</i>
<ul style="list-style-type: none"> • Completion of 1 observed encounter per discipline • Completion of documentation requirements
<i>Patient Care (PC)</i>
<ul style="list-style-type: none"> • Completion of required SPEL (30% of each category) • Completion of 12 SPEL entries with continuity patient encounters.
<i>Medical Knowledge (MK)</i>
<ul style="list-style-type: none"> • Completion of all online cases • Passing score on CCSE (low threshold set)
<i>Practice-Based Learning and Improvement (PBLI)</i>
<ul style="list-style-type: none"> • Passing score in PBLI from attending assessments across all disciplines • Completion of practice triple jump exercise • Passing score on first graded triple jump exercise • Completion of self-assessment and face-to-face advisors meeting
<i>Interpersonal and Communication Skills (IP&C)</i>
<ul style="list-style-type: none"> • Passing score in IP&C on attending assessments across all disciplines • Passing score on small group assessments • Passing score on journal club
<i>Professionalism (PROF)</i>
<ul style="list-style-type: none"> • Passing score in PROF from attending assessments across all disciplines • Passing score from Coordinating Committee assessment of PROF
<i>Systems-Based Practice (SBP)</i>
<ul style="list-style-type: none"> • Completion of early HQIP Project requirements • Passing score in SBP from attending assessments across all disciplines

Fall
<i>Disciplines</i>
<ul style="list-style-type: none"> • 40% NBME subject exam for each discipline • 20% MK portion of attending assessment of student performance medical knowledge (50% spring / 50% fall) • 20% PC portion of attending assessment of student performance medical knowledge (50% spring / 50% fall) • 20% documentation requirements
<i>Patient Care (PC)</i>
<ul style="list-style-type: none"> • 30% SPEL (Remainder of required) • 10% Observed Encounters. • 50% OSCE • 10% Palliative care
<i>Medical Knowledge (MK)</i>
<ul style="list-style-type: none"> • 80% 2nd CCSE (threshold set at score predictive of Step CK passing) • 20% Grand Rounds
<i>Practice-Based Learning and Improvement (PBLI)</i>
<ul style="list-style-type: none"> • 50% PBLI from attending assessments of student performance across all disciplines • 30% Final graded triple jump exercise • 20% Completion of self-assessment and face-to-face advisor meeting
<i>Interpersonal and Communication Skills (IP&C)</i>
<ul style="list-style-type: none"> • 50% IP&C on attending assessments of student performance across all disciplines • 25% Small group assessment • 25% Journal club
<i>Professionalism (PROF)</i>
<ul style="list-style-type: none"> • 50% PROF from attending assessments across all disciplines • 50% Coordinating Committee assessment of PROF
<i>Systems-Based Practice (SBP)</i>
<ul style="list-style-type: none"> • 50% HQIP Project • 50% SBP from attending assessments across all disciplines

NBME Examinations

- Objective testing occurs four times during Pillar 2.
 - CCSE Exam

- The National Board of Medical Examiners (NBME) Comprehensive Clinical Exam (CCSE) is administered in June and December.
- To receive a satisfactory score on the June administration of the CCSE the student must score at, or above the 5th percentile nationally. Students scoring below the 5th percentile will receive an unsatisfactory in Medical Knowledge for the spring semester and will be referred to SPCC.
- To pass the December administration of the CCSE score the student must score at, or above the 15th percentile nationally.
- The Pillar 2 CCSE Examination Conversion Table will be provided on D2L in the “MD Class of 2023 Admin” course before June.
- Individual subject NBME exams:
 - The mid-year and final exams consist of individual NBME subject exams, one for each of the seven major disciplines. This testing occurs over the course of 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	Spring Semester Exam	Fall Semester Exam
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 score earned from the mid-year or final NBME subject examination will contribute to the overall final discipline grade.
- Students must achieve a passing score (currently the 15th percentile or better) 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.
- Students who fail four or more NBME subject exams at mid-year are identified as being at-risk for underperformance in Pillar 2, and thus will be required to meet with their campus dean and the assistant dean of academic development to assess their study plan for the second half of Pillar 2.
- Students scoring at or above the 85th percentile nationally on their first NBME exam attempt may choose to opt-out of the 2nd NBME exam in that same discipline. Students will be offered the opportunity to make this decision by mid-November.
- The Pillar 2 NBME Subject Examination Conversion Table will be provided on D2L in the “MD Class of 2023 Admin” course before mid-year NBME exams.

Policy for Pillar 2 Subject Examination Failure and Retesting

- The following policy applies to students who do not achieve a passing score on at least one of the two attempts for each of the seven NBME subject exams during Pillar 2:
 - Students must achieve passing grades in all NBME subject exams for the seven primary disciplines prior to beginning Pillar 3.

- Students who do not achieve a passing score on one or more of the seven NBME subject exams in either of two attempts (scheduled mid-year and end of year) will not pass the respective clinical discipline course.
- Students who do not achieve a passing score on one or more of the seven NBME subject exams in either of two attempts must retake the exam(s) no later than four weeks after the end of Pillar 2, and they may not begin Pillar 3 clinical rotations until they receive a passing score on all subject exams.
- Students who pass a third attempt on an NBME subject exam complete the requirements to pass that respective discipline. The score from the third attempt will be averaged with the highest score of the previous two attempts to determine the final NBME subject exam score for that discipline.
- Students who fail a subject exam for a third time will be assigned a grade of D in the respective clinical discipline and will be referred to the Student Progress and Conduct Committee for determination of required remediation, additional testing attempts, or other appropriate action.
- 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 form must be submitted within fourteen calendar days of the notice of the grade that the student is appealing. Exact dates will be provided to students before the appeals process begins.
 - The Pillar 2 Director will ensure all information required on the appeal form has been completed, and he/she will forward the appeal to the appropriate individual for a decision:
 - Clerkship Director 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 coordinator 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 as well as at mid-clerkship and end-of-clerkship.
- These evaluations are critical for continued quality improvement work 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 by the Friday that occurs 2 weeks from the Friday after the student receives them in One45. Evaluations are due before midnight on the due date.
 - 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, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
 - It is both the responsibility of the supervising faculty and each medical student to ensure compliance with the restrictions below so a student does not violate the medical student duty hours as defined by this policy. Campus staff 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 LIC Campus Coordinating Committee.
- **Restrictions:**
 - Clinical and educational work hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities.
 - Clinical and educational work periods must not exceed 24 hours of continuous scheduled assignments. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and for student education. However, additional patient care responsibilities must not be assigned to the student during this time.
 - Students must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of at-home call. One day is defined as one continuous 24-hour period free from all clinical and educational duties.
 - Adequate time for rest and personal activities must be provided. This should consist of an eight-hour break provided between all work shifts.
 - All students must have at least 14 hours free of clinical work after 24 hours of clinical assignments.

- Students must be scheduled for in-house call no more frequently than every third night (averaged over a four-week period). *In-house call* is defined as those duty hours beyond the normal work day, when students are required to be immediately available in the assigned institution.
- 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 a 4- week period.
 - When students are called into the hospital from home, the hours students spend in-house are counted toward the 80-hour limit. The course or clerkship director and the faculty must monitor the demands of at-home call in their programs, and make necessary scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

Duty Hours & On-Call Activities

- In-house call is defined as those duty hours beyond the normal work day, when students are required to be immediately available in the assigned institution. In-house call must occur no more frequently than every third night, averaged over a 4-week period. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Students may remain on duty for up to 4 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care. No new patients may be accepted after 24 hours of continuous duty.
- *At-home call* (or *pager call*) is defined as a call taken from outside the assigned institution. The frequency of at-home call is not subject to the every-third-night limitation. At-home call (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 a 4-week period.
- When students are called into the hospital from home, the hours students spend in-house are counted toward the 80-hour limit. The course or clerkship director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

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 call or the schedule 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 or panel 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 during student white space.

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.
 - Martin Luther King Day
 - President's Day
 - Columbus/Native American Day
 - Veteran's Day
 - Not limited to these holidays

Vacation

- Students may take **six vacation days (full day equivalent – may take in ½ day increments)** over the course of LIC.
- Note that **vacation or education days are not permitted without prior approval from Campus Dean or Pillar 2 Director during the mini-blocks, test weeks, OSCE, or palliative care.**
- In addition, leave cannot be used to eliminate a scheduled call shift.
- Vacation time must be taken for missed SDL, or "white space".
- Students **are not required** to make up holiday or approved vacation days
- Students must complete an **Absence Request Form** (found on D2L in the Forms module) when planning time away and **submit to campus education coordinator at least two weeks prior to leave.**

Wellness

- Wellness day is separate from vacation days and there are no educational or clinical responsibilities. These days are granted by the School. Please see the Pillar 2 Calendar for details.

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 studying.
- Students **are required** to make up time missed from school activity for education days.
- Students must complete an **Absence Request Form** (found on D2L in the Forms module) when planning time away and submit to campus education coordinator at least two weeks prior to leave.

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 Education Coordinator immediately of the reason for absence 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 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, 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, and (c) notify the Student Affairs Office.
- A prolonged absence from the mini-block experiences must be made up in an equivalent mini-block experience. This could be accomplished at later points of the year. An extended absence, due to emergency, health, or other circumstances during the LIC could be made up, at least in part, during the student's unscheduled white space. Students may be granted, by action of their respective LIC Coordinating Committee, use of white space to compensate for up to three weeks of missed time, as long as no more than 50% of the available white space is used for this purpose. **This does not pertain to students who have delayed taking USMLE STEP 1 due to academic difficulties as outlined in the Student Affairs Handbook.** In addition, students who elect to make up time during the same academic year are expected to maintain satisfactory progress in all disciplines, SPEL reporting, history and physical exams, and other requirements of the LIC. The respective coordinating committee and Campus Dean, in consultation with the Dean of 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, which would result in an overall failure of the Pillar 2 clerkship year. Students may also be referred to Student Progress and Conduct for unreported violations of the absence policy.**

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 on 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.
- The LIC preceptors will attest that the presentation were 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 vote of their campus coordinating 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 Medical Student Affairs Handbook provided by Student Affairs: <https://www.usd.edu/medicine/student-and-faculty-handbooks>.
 - **Mid-Course and Mid-Clerkship Feedback Policy**
 - **Narrative Assessment Policy**
 - **Clinical Supervision Policy**
 - **Student Mistreatment Policy**
 - **Procedure for Reporting Student Mistreatment**
 - **Teacher/Learner Responsibilities & Mistreatment**

- **Confidentiality Policy (excerpts from Confidentiality Policy signed by students)**
- **Non-Involvement of Providers of Student Health Services in Student Assessment Policy**
- **Services for Students with Disabilities**

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.

Accessibility Statement

- The University of South Dakota strives to ensure that physical resources, as well as information and communication technologies, are accessible to users in order to provide equal access to all. If students encounter any accessibility issues, they are encouraged to immediately contact the instructor of the course and the Office of Disability Services, which will work to resolve the issue as quickly as possible.

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 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

Web Site: www.usd.edu/ds

Email: disabilityservices@usd.edu

Diversity and Inclusive Excellence

The University of South Dakota strives to foster a globally inclusive learning environment where opportunities are provided for diversity to be recognized and respected. To learn more about USD's diversity and inclusiveness initiatives, please visit the website for the Office of Diversity.

Required COVID-19 Language for All Syllabi

COVID-19 Statement

Mitigating the spread of COVID-19 is everyone's responsibility. In order to ensure the health and safety of each individual student and our overall campus community, we ask you to monitor your health daily and abide by the following protocols: If you are exposed to COVID-19, develop COVID-19 symptoms, or anticipate being absent for more than two weeks due to COVID-19, you are expected to immediately communicate this to covid19@usd.edu. You may also report to the Dean of Students at deanofstudents@usd.edu. In either case, the Dean of Students office will communicate with all instructors and provide appropriate University communication to impacted parties while also preserving student privacy about any medical condition. If you miss class due to medical reasons, please also inform your instructor in a timely fashion. Students who have been asked to quarantine cannot attend classes in person and should ask instructors if there is an option to participate remotely. Instructors will work with students to determine whether remote participation, an incomplete grade, or withdrawal is most appropriate. Thank you for following these important measures to keep our community healthy and safe. For the latest guidance, please check USD's [COVID-19 web site](#).

COVID-19 Attendance Policy

Out of an abundance of caution, students who experience any symptoms associated with COVID-19 (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea) should contact the Dean of Students office at deanofstudents@usd.edu and not come to class. The Dean of Students will then contact all of that student's instructors. Any make-up of course requirements missed shall be worked out between the instructor and the student upon the student's timely initiative with an eye towards both flexibility and the integrity of the academic experience. Students should:

- Join scheduled synchronous remote class sessions if they are able to do so;
- Participate in remote class activities, whether synchronous or asynchronous, if they are able to do so;
- Keep up with classwork if they are able to do so;
- Submit assignments digitally;
- Work with their instructors to try to reschedule exams, labs, and other critical academic activities.

Instructors are required to allow for such make-up in a timely manner whether or not a student's absence has been validated by the Dean of Students. Students are required to remain in timely contact with instructors to the greatest degree possible. Failure to do so may result in a referral to the Dean of Students office.

COVID-19 Face Covering Policy

Under the [COVID-19 Face Covering Protocol](#) approved by the South Dakota Board of Regents, USD will begin the spring term at Level 3, which requires face coverings in all public indoor spaces on campus. Students who come to class not wearing an appropriate face covering will be asked to put one on. Those who cannot get a face covering in time to join the class may be provided with a disposable mask from a stockpile kept in each classroom if supplies are available or be advised about virtual education options under the Informal Correction process in the COVID-19 Face Covering Protocol. Students who decline to wear a face covering and do not leave the classroom will be referred to the Dean of Students for Formal Correction under the COVID-19 Face Covering Protocol, which may include noncompliance with the [Student Code of Conduct](#). The appropriate conduct process will be initiated if the Dean of Students determines that the allegations are credible. Faculty members may be required to provide virtual options for the student to continue to participate in the course until an outcome is rendered and appeals are afforded. Students who repeatedly come to class without a face covering will be referred to the Dean of Students for remediation, which may range from an educational learning opportunity up to the formal conduct process defined by the Student Code of Conduct.

Statement on Recording of Lectures by Students

Lectures, presentations, and other course materials are protected intellectual property under South Dakota Board of Regents Policy. Accordingly, recording and disseminating lectures, presentations or course materials is strictly prohibited without the express permission of the faculty member. Violation of this prohibition may result in the student being subject to Student Conduct proceedings under SDBOR Policy 3:4.

Health Affairs Policies

- The following policies can be found in the Health Affairs Infection Control Manual provided by the Division of Health Affairs: <https://www.usd.edu/medicine/student-and-faculty-handbooks>.
 - **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>.
 - **SSOM Immunization Compliance Policy; Required Immunizations during Medical School**
 - **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 of 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.
 - 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 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 SSOM Department of OB/GYN.
- Pelvic examination in the clinic: <https://youtu.be/EXFamZpqEtl> *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 neonate 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 to the child with 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 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 rote reading of chapters in a random text book.
- **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 the major disciplines. These are available online through the library, but many prefer the 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's 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 an excellent supplement 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 your 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.