DEPARTMENT OF FAMILY MEDICINE
ANNUAL REPORT
January 1, 2020 – December 31, 2020
Submitted on January 6, 2021
Greetings from the Department of Family Medicine –

It is my privilege to present to you the 2020 Department of Family Medicine Annual Report. Included in this report are the details of the many contributions made by our departmental faculty in teaching, service and scholarly activities. We recognize those who have received awards, contributed to research and scholarly work, and supported our students and family medicine residents. Special thanks to those that contributed to this report and particularly to Chelsey Wilson for her diligence in preparing the final document.

The year of 2020 has been like no other year! The COVID-19 pandemic has prompted us to think outside of the box and pivot in how we do our day to day activities from basic things such as interacting with each other to more complex tasks such providing curricular content and programming to students and other stakeholders. We have collaborated with our faculty and partners across the state to accommodate these changes while maintaining the safety of students, staff and faculty. We thank everyone for their flexibility and understanding during these challenging times.

Along with navigating the COVID-19 pandemic, 2020 brought with it several new leaders to the department: Dr. Rachel Sunne assumed the directorship of the Pillar 3 Rural Family Medicine Rotation, Dr. Jennifer Tinguely became the director of Cultural Immersion, Dr. Carrie Carlson joined the department as the director of the Family Medicine Mini-block/Preceptorship, and Dr. Aaron Prestbo became the LIC Coordinator for Family Medicine on the Avera campus. We welcome them and look forward to their ongoing leadership!

The South Dakota Area Health Education Center (SD AHEC) Program Office is housed within the Family Medicine Department and has three centers in Yankton, Aberdeen and Rapid City. The SD AHEC continues its commitment to connecting students to careers, professionals to communities, and communities to better health. Char Green-Maximo, Bridget Diamond-Welch and Clara Pierskalla joined the department as part of the SD AHEC and ongoing growth in community projects. Sustainability will continue to remain a priority and relationships continue to grow with statewide stakeholders. Among the accomplishments for SD AHEC and community projects: completed the first year of a three-year MAT training grant to provide MAT education to graduating medical students and physician assistant students, Rural Health Equity Summit co-sponsored with SDAFP, and the first SD AHEC two-day virtual event regarding substance abuse and mental health held with over 500 registering to attend!

The specialty of Family Medicine is truly the “Swiss Army knife” of medical specialties! The pandemic emphasized this point as it forced non-essential/non-urgent clinical care to pause and physicians were asked where they could serve. Family physicians can do the most good for the most patients being able to assist with care across the life span and from outpatient to inpatient.

Our department is very complex and involves many aspects of USD SSOM’s curriculum, service and scholarship and we appreciate all the support we receive from the university, the medical school administration, staff and other departments. Finally, I would like to thank our entire academic and clinical faculty for their dedicated service to the Department of Family Medicine and to the specialty of Family Medicine. The department consists of 390 faculty (334 clinical, 45 academic, 8 emeritus and 3 adjuncts.) Additionally, there are 51 faculty members with a cross appointment in Family Medicine. They all have made lasting contributions to Family Medicine and healthcare in South Dakota and the region. And, as we come out on the other side of this pandemic, the department will continue to support their efforts and be a resource for them and for our students.

Sincerely,

[Signature]
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DEPARTMENT ORGANIZATION
Departmental Staff

Susan M. Anderson, MD, FAAFP
Executive Dean/Dean of Rural Medicine
Dr. Karl H. Wegner Chair in Medicine
Chair and Professor
Program Director, SD AHEC
Director, FARM Program

Valerie Hearns, MD, FAAFP
Professor and Vice-Chair LIC
Clerkship Director, FM
Director of OSCE, Pillar 3
Electives Coordinator

Mark Beard, MD, MHA
Associate Professor and Dean of Medical Student Education

Bridget Diamond-Welch, PhD
Associate Professor and Research Scientist

Sue Bak, RN
Instructor and Education Coordinator
Yankton Campus

Carrie Carlson, DO
Clinical Associate Professor and Preceptorship/Mini-Block Director

Janet Fulk
Assistant Director FARM Program
Char Green-Maximo  
Community Engagement Coordinator

Valborg Kvigne, MBA  
Instructor and Coordinator of Diabetes Program

Janet Lindemann, MD, MBA, FAAFP  
Professor Emeritus

Cathy Logue, RN, MA  
Instructor and Education Coordinator  
Clinical Foundations of Medicine and  
Student Professional Support Services

Roy Mortinsen, MD  
Associate Professor and Director Clinical Foundations of Medicine

Clara Pierskalla  
Research Associate II

G. Daniel Rath, MD  
Associate Professor and Program Director  
Geriatrics Fellowship

Brock Rops, M Ed  
Executive Director South Dakota HOSA and Deputy Director  
South Dakota AHEC

Rachel Sunne, MD  
Clinical Assistant Professor and FM  
Preceptorship/Mini-Block Director

Erin Srstka, MS, M Ed  
Community Projects Director

Nathaniel Steinlicht  
Research Associate II

Julie Swenson, NRP  
Standardized Patient Coordinator  
Parry Center for Clinical Skills and Simulation
Jen Tinguely, MD, MPH
Clinical Associate Professor and Cultural Immersion Director

Arleigh Trainor, MD
Assistant Professor and Chief Division of Emergency Medicine

Craig Uthe, MD
Clinical Professor and Medical Student Wellbeing Coach

H. Bruce Vogt, MD
Professor Emeritus Physician Assistant Studies Medical Director

Brian Wallenburg, NRP
Instructor and Simulation Specialist Parry Center for Clinical Skills and Simulation
Administrative Staff

Chelsey Wilson  
Department Manager

Arica Schuknecht  
Program Assistant II  
Clinical Foundations

Jantina Donaldson  
Senior Secretary

Deb Wilka  
Senior Secretary

Jenny Wilka  
Senior Secretary
Vision, Mission, and Goals

Vision Statement
The vision of the USD Sanford School of Medicine Department of Family Medicine is to improve the health of the people of South Dakota and beyond through leadership in family medicine education, clinical practice, research, and community service.

Mission Statement
Our mission is to provide high quality education in family medicine, further the scholarship of our discipline, serve the patients of our community, advance the mission of our School of Medicine, and support our University.

Goals
Educational Goals:
1. To introduce medical students to the discipline and specialty of family medicine and to family physicians.
2. To provide quality, affiliated family medicine residency programs, which prepare graduates for practice in rural and urban settings.
3. To provide excellent teachers, mentors, role models, and advisors for our students and residents.
4. To promote family medicine as a career choice for students and provide support and appropriate counseling in this regard.
5. To demonstrate the importance of continuing, comprehensive, and coordinated patient care.
6. To emphasize the biopsychosocial model of healthcare.
7. To provide students with personal experience in the practice of rural medicine.
8. To teach key concepts in preventive medicine, emergency medicine, geriatrics, professional issues, and ethics.

Scholarship Goals:
1. To promote and participate in scholarly activity relevant to the discipline of family medicine and/or medical education.
2. To promote the importance of supporting faculty in their continuing medical education efforts including maintenance of certification by the American Board of Family Medicine.
3. To model life-long learning to students and residents.
4. To promote ongoing enhancement of faculty teaching skills through the support of faculty development opportunities.
5. To participate in the activities of academic medical societies.

Service Goals:
1. To provide quality, evidence-based, and cost-effective comprehensive care for individuals and families.
2. To provide service to our School of Medicine and University including membership in committees/task forces.
3. To serve as a resource for South Dakota family physicians practicing in urban, rural, and frontier settings.
4. To encourage faculty, student, and resident involvement in professional organizations including the South Dakota Academy of Family Physicians.
5. To serve our community.
Map of Clinical Sites
FACULTY/STAFF
General Overview of Faculty & Staff

The Department of Family Medicine consists of 390 faculty to teach medical students and residents in Rapid City, Sioux Falls, Yankton, FARM Program sites, and other communities throughout South Dakota. We have five full-time administrative staff to support the faculty members in this endeavor.

**Leadership**

Our faculty members provide leadership in family medicine in several ways:

- Leading national organizations
- Serving on national organizational boards, committees, and esteemed hospital boards
- Winning national awards for excellence
- Scholarship through peer-reviewed publications and regional and national presentations
- Research
- Curriculum innovation

Our faculty members are committed to furthering scholarship in Family Medicine by authoring journal articles on various topics including, but not limited to, global health and emergency medicine. Our faculty also regularly make presentations at state, regional, and national conferences.

**Career Counseling**

Family medicine academic and clinical faculty members not only provide a high-quality education for medical students and residents, they act as role models to promote family medicine. They hold various activities to answer questions about family medicine and are always available to provide career counseling to interested students.
2020 Highlights

Thank You and Farewell:

Fred Thanel, MD, Academic Associate Professor, retired from the Center for Family Medicine. He was instrumental in the creation of the Geriatrics Fellowship. He was named an Emeritus Associate Professor. Congratulations on your retirement!

Patricia Peters, MD, Clinical Professor, retired from clinical practice. She had been a member of the USD SSOM Department of Family Medicine faculty since 1981. She was granted the title of Emeritus Clinical Professor. Congratulations on your retirement!

Muna Ashraf, MD, moved to Colorado. She had served as the Director of Cultural Immersion. Thank you, Dr. Ashraf!

Welcome and Congratulations:

Rachel Sunne, MD is now the director of the Pillar 3 Rural Family Medicine Clerkship.

Aaron Prestbo, MD assumed the role of LIC Coordinator for Family Medicine on the Avera campus.

Jennifer Tinguely, MD is the director of Cultural Immersion.

Carrie Carlson, DO is the director of the Family Medicine Preceptorship/Mini block.

Jantina Donaldson has joined the team as senior secretary in the Department.
2020 Promotions

Clinical Faculty

Nelson Batoon, MD
Clinical Associate Professor

Chad Carda, MD
Clinical Associate Professor

Wallace Fritz, MD
Clinical Associate Professor

Laura Hoefert, MD
Clinical Associate Professor

Kari Hultgren, MD
Clinical Associate Professor

Robert Johnson, DO
Clinical Associate Professor
Ben Liscano, MD  
Clinical Associate Professor

Marlys Luebke, MD  
Clinical Associate Professor

Mark List, MD  
Clinical Associate Professor

Daniel Heinemann, MD  
Clinical Professor

Lynelle Noisy Hawk, MD  
Clinical Associate Professor

Carrissa Pietz, MD  
Clinical Associate Professor

Jennifer Tinguely, MD, MPH  
Clinical Associate Professor

Nanci Van Peursem, MD  
Clinical Associate Professor
## Faculty Listing

### Academic Faculty ---- Total: 45

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<tr>
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<td>Aaker</td>
<td>Benjamin</td>
<td>MD</td>
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<td>Kyle</td>
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<td>MD</td>
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**Adjunct Faculty ---- Total: 3**

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**Faculty with a Cross Appointment in Family Medicine ---- Total: 55**

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2020 Recognitions and Appointed Offices

Benjamin Aaker, MD
ACEP National Chapter Relations Committee Member
South Dakota State Medical Association President
SDSMA Executive Committee
SDSMA Committee on Ethics and Judicial Affairs, ex-officio

E. Paul Amundson, MD
SDAFP Foundation Board of Directors

Susan M. Anderson, MD
SDSMA Board of Directors At-Large Member
SDAFP Foundation Board of Directors
Dr Karl H Wegner Chair in Medicine

Melissa Bartling, MD
SDSMA Rosebud District Medical Society President

Mary Beecher, MD
South Dakota Academy of Family Physicians Delegate

Jeremy Beireis, MD
South Dakota Academy of Family Physicians President-elect

Jerome Bentz, MD
SDSMA District 6 Councilor
SDSMA PAC, Chair
SDSMA Young at Heart Award

Tony Berg, MD
SDSMA Rosebud District Medical Society President
SDSMA District 10 Alternate Councilor

Kevin Bjordahl, MD
SDSMA District 12 Councilor

Scott Boyens, MD
South Dakota Academy of Family Physicians Alternate Delegate
SDAFP Family Doctor of the Year

Lisa Brown, MD
South Dakota Academy of Family Physicians Past President
SDSMA SD Academy of Family Physicians Alternate Councilor

Mary Carpenter, MD
SDSMA Delegate to the AMA
SDSMA Rosebud District Medical Society Secretary/Treasurer
Noel Chicoine, MD
SDSMA Pierre District Medical Society President
SDSMA District 4 Alternate Councilor

Justin Clem, MD
SDSMA District 3 Councilor

Thomas M. Dean, MD
SDSMA District 6 Alternate Councilor

Andrew Ellsworth, MD
SDSMA Madison-Brookings District Medical Society Vice President
SDSMA District 3 Alternate Councilor
SDAFP Foundation Board of Directors

Brook Eide, MD
SDSMA Media Award

Shelby Eischens, MD
SDSMA District 3 Alternate Councilor

Jared Friedman, MD
SD ACEP Alternate Councilor

James Gilbert, Jr, MD
SD ACEP Alternate Councilor

Elizabeth Gravley, MD
SDSMA Whetstone Valley District Medical Society President

Denise Hanisch, MD
SDSMA Policy Council Chair

H. Thomas Hermann, Jr MD
SDSMA Foundation Board of Directors, President
SDSMA Committee on Ethics and Judicial Affairs

Daniel Heinemann, MD
SDSMA District 7 Alternate Councilor
AAFP Delegation to AMA, Chairman
SDSMA Distinguished Service Award

Laura Hoefert, MD
SDSMA District 3 Councilor

Jessica Horn, MD
USD SSOM Alumni Relations Council

Thomas Huber, MD
SDSMA Pierre District Medical Society Vice President
Mark Huntington, MD  
SDAFP Foundation Board of Directors

Robert A Johnson, DO  
SDAFP Councilor to SDSMA  
South Dakota Academy of Family Physicians Vice President

Richard Kafka, MD  
SDSMA Rosebud District Medical Society Vice President

Donald Kosiak, MD  
SD ACEP Councilor

Jill Kruse, DO  
SDSMA Madison-Brookings District 3 Medical Society Secretary/Treasurer

Nathan Long, MD  
SD ACEP President Past

John Malm, MD  
SDSMA Rosebud District Medical Society Secretary/Treasurer

Kenric Malmberg, MD  
SDSMA Madison-Brookings District Medical Society President

Robert Marciano, DO  
SDSMA District 11 Councilor

Stephan J. Miller, MD  
SDSMA Black Hills District Medical Society President  
SD Chapter American College of Emergency Physicians Alternate Councilor

Joy Mueller, MD  
SDAFP Vice President

Meghan C. O’Connell, MD  
SDSMA District 8 Councilor

Mary Jo Olson, MD  
SDSMA District 8 Alternate Councilor

Scott Peterson, MD  
Earl Kemp Award recipient  
SDSMA District 3 Vice President

Leah Prestbo, MD  
USD SSOM Alumni Relations Council

Heather Preuss, MD  
SDSMA At-Large Director

Dan Reiffenberger, MD  
South Dakota Academy of Family Physicians Secretary/Treasurer
Sarah Reiffenberger, MD  
South Dakota Academy of Family Physicians President

Bobbie Schneller, DO  
SDAFP Foundation Board of Directors

Jennifer Schriever, MD  
SDAFP Vice President

Stephan D. Schroeder, MD  
SDSMA District 5 Councilor  
SDSMA District 5 Vice President

Katie Score, MD  
South Dakota Academy of Family Physicians Vice President

Aaron Shives, MD  
SDAFP Foundation Board of Directors

Megan Smith, MD  
SDSMA District 10 Councilor

Arleigh Trainor, MD  
SDSMA SD Chapter American College of Emergency Medicine Alternate Councilor

Jennifer Tinguely, MD, MPH  
SDSMA Board of Directors Secretary/Treasurer  
SDSMA Seventh District Medical Society Vice President  
SDSMA COPIC Humanitarian Award Recipient

Scott VanKuelen, MD  
SD ACEP President  
SD ACEP Secretary/Treasurer  
SDSMA SD Chapter American College of Emergency Medicine Councilor

Victoria Walker, MD  
Board of Advancing Excellence In Long-Term Care Collaborative

Jenna Wickersham, DO  
SDSMA District 4 Councilor
2020 Faculty and Staff Ice Cream Social (ly Distanced)

In appreciation for your hard work, please help us celebrate with some DELICIOUS ice cream treats!

Rather than having our annual ice cream social gathering, we will bring the ice cream to you! Deans on each campus will personally deliver treats to every office.

Wednesday afternoon, August 19, 2020
- Rapid City School of Medicine
- Sioux Falls Health Science Center
- Sioux Falls Sanford Education Center
- Vermillion Lee Med

Monday afternoon, August 24, 2020
- Rapid City Nursing Campus

Friday afternoon, August 28, 2020
- Yankton School of Medicine

We would also like to congratulate the following employees for their years of service:

10 years
- Regina Boeve, Psychiatry
- Kendra Gottsleben, Center for Disabilities
- Dana Harsen, Basic Biomedical Sciences
- Allison Heitmann, Nursing
- Wallace Jackson, Social Work
- Timmi Johnson, USD Libraries
- Peter Kindle, Social Work
- Joseph Lewellen, Information Technology
- Gerald McGraw, Basic Biomedical Sciences
- Michelle Noble, Physician Assistant
- Brock Rips, Family Medicine
- Sanam Sane, Basic Biomedical Sciences
- Matthew Simmons, SSOM Rapid City Campus

15 years
- Patt Berg-Poppe, Physical Therapy
- Erin Boggs, Psychiatry
- Donis DuPrau, Basic Biomedical Sciences
- Moses Ikigugu, Occupational Therapy
- Andrea Jahn, Basic Biomedical Sciences
- Marni Johnson Martin, Center for Disabilities
- Tamela Kinser, Nursing
- Michelle Lichtenberg, Nursing
- Amy Lynn Nelson, Health Sciences
- Shannon Nelson, Center for Disabilities
- Barbara Stolle, Nursing
- Rebecca Wolff, Health Sciences
- Zhaoqing Zheng, Basic Biomedical Sciences

20 years
- Susan Anderson, Family Medicine
- Jamie Bushman, Basic Biomedical Sciences
- Curtis Kost, Basic Biomedical Sciences
- Beth Melstad, Nursing
- Wade Nilson, Physician Assistant

35 years
- Brenda Canfield, Center for Disabilities
- Barbara Goodman, Basic Biomedical Sciences
USD SSOM Committee Membership 2020

Administrative Council – Susan Anderson, MD; Mark Beard, MD; Jason Kemnitz, EdD

Executive Committee – Susan Anderson, MD

Administrative Staff – Susan Anderson, MD; Mark Beard, MD; Jason Kemnitz, EdD

Native American Advisory Cabinet – Lynelle Noisy Hawk, MD; Joseph Prasek, MD; Donald Warne, MD, MPH

Admissions Committee – Valerie Hearns, MD; Amy Hogue, MD; Matthew Owens, MD; Michelle McElroy, MD; Jacob Miller, MD; Arleigh Trainor, MD

Faculty Development Committee – H. Bruce Vogt, MD; Jason Kemnitz, EdD; Benjamin Aaker, MD

Graduate Medical Education Committee – Roy Mortinsen, MD; Denise Hanisch, MD; Bobbie Schneller, DO; Mark Huntington, MD; Jo Erickson, Amy Bialas, EdD, Stephanie Peyton-Aas, MD

MD/PhD Admissions Standing Committee – Mark Huntington, MD, PhD

Medical Education Committee – Mark Beard, MD; Valerie Hearns, MD; Janet Fulk

Medical Student Research Committee – Benjamin Aaker, MD

Promotion & Tenure Committee – Roy Mortinsen, MD

Student Financial Aid Committee – Mark Beard, MD

Progress and Conduct Committee – Benjamin Aaker, MD
Family Medicine Grand Rounds
Avera McKennan, Sanford Health and the SD Academy of Family Physicians are co-sponsoring Family Medicine Grand Rounds. This began in fall 2016 with the first Family Medicine Grand Rounds and has continued quarterly. Attendance has been stable, ranging from 40 to 120. Sites are joining remotely with a maximum of 18 sites in attendance. The Goals of Family Medicine Grand Rounds include providing valuable CME across the state with family physicians presenting to and learning with other family physicians, residents and students. Topics to date have been:

- March 2017 - Dan Heinemann, MD. Topic: Opioid Management.
- June 2017 – Valborg Kvigne, MBA, and Leah House, BA. Topic: Good Health and Wellness in Indian Country.
- December 2017 – Mark Huntington, MD, PhD, FAAFP. Topic: Quality Improvement in Primary Care.
- March 2018 – Kelly Rhone, MD, and Jason Wickersham, MD. Topic: TeleMedicine.
- June 2018 – Charles Shafer, MD. Topic: Management and Care of Patients with Hepatitis C.
- September 2018 – Andrew Bazemore, MD, the Robert Graham Center, Washington, DC. Topic: High Performing Primary Care and What It Means for South Dakota.
- June 2019 – Michael L. LeFevre, MD, MSPH. Topic: U.S. Preventative Services Task Force Update
- September 2019 - Kelsey Hvidsten, MD. Topic: Female Genital Cutting.
- March 2020 – Mark K. Huntington, MD, PhD, FAAFP, and Matthew P. Owens, MD. Topic: Disaster Preparedness for Family Physicians
- September 2020 – Heather Bell, MD; Kurt DeVine, MD; Derek Lee, MD; Emily Spanier, MS; Victor Strasburg, MD; Jennifer Ball, PharmD; Daniel Felix, PhD; and James Wilde, MD. Topic: Confronting the Opioid Crisis in Clinic

** All past Family Medicine Grand Rounds can be viewed at https://sites.google.com/usd.edu/fmgr/home/past-grand-rounds **
SAVE THE DATE

University of South Dakota Sanford School of Medicine
Department of Family Medicine Grand Rounds
Disaster Preparedness for Family Physicians

Thursday, March 5, 2020 at 12:15 pm CT
Sioux Falls Health Science Center Room 106
Video Conferencing available: Rapid City Campus Room 210, Yankton Avera Pavilion 2400, Vermillion Lee Med Room 201
Other remote sites, please contact your local video conferencing coordinator NEW IP address for video conferencing: 1100050@usd.edu or 1100050@176.1.200

Learning Objectives:
- Participants will be able to describe the disaster types and the disaster cycle.
- Participants will be able to describe the National Response Plan.
- Participants will be able to discuss the core competencies of disaster medicine.
- Participants will be able to discuss and apply principles of preparedness to the community, their practice site, and their household.

Speakers:

Mark K. Huntington MD PhD FAAFP, is a graduate of Michigan State University College of Human Medicine, with doctorates in medicine and microbiology. He completed his Family Medicine residency and a Diploma in International Health at the University of Cincinnati. He is a Professor of Family Medicine at the University of South Dakota Sanford School of Medicine, and directs the family medicine residencies at the Center for Family Medicine. Dr. Huntington has served on the Advisory Board of the American Academy of Family Physicians’ Center for Global Health Initiatives, as an editor of PLoS Currents: Disasters, and as a subject matter expert to the National Biodefense Science Board. Over the years he has been active in operational disaster medicine, including 15 years as a medical officer for the National Disaster Medical System Disaster Medical Assistance Teams.

Matthew P. Owens, MD, is a Family Medicine physician at Redfield Avera Clinic in Redfield, SD. He graduated from the USD Sanford School of Medicine in 1993 and completed a residency in Family Medicine through the Sioux Falls Family Medicine Residency program as part of the Rural Track in Brookings, SD in 1997.

This Live series activity, Family Medicine Grand Rounds, from 09/01/2019 - 06/30/2020, has been reviewed and is acceptable for credit by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Approved for 1 AAFP Prescribed credits.

AMA/AAFP Equivalency:
AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AMA PRA Category 1 credit(s)™ toward the AMA Physician’s Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1.

To register go to:
tinyurl.com/usdfmgr
University of South Dakota Sanford School of Medicine
Department of Family Medicine **Grand Rounds**

**DIABETES PREVENTION ON THE MOVE**

Thursday, June 4, 2020 at 12:15 pm CT via ZOOM

more information to follow

**Learning Objectives:**

1. Describe the role of a mobile unit/clinic in delivering diabetes prevention services to rural communities on the Cheyenne River Sioux Tribe reservation.
2. Describe the population served by the mobile unit/clinic.
3. Describe the diabetes prevention services provided through the mobile unit/clinic.

**Speakers:**

**Michelle Moran-Walking Elk,** received her Bachelor’s degree from the University of Mary in Bismarck, North Dakota. She has worked in the position of Program Coordinator for the Cheyenne River Sioux Tribe Youth Diabetes Prevention Program for 19 years. She is an enrolled member of the Cheyenne River Sioux Tribe and resides in Eagle Butte, SD. She enjoys running, traveling, singing, & spending time with her son, family, friends, and her two Chihuahuas.

**Valborg Kvigne,** received a Bachelor of Science degree from South Dakota State University and a Masters in Business Administration from the University of South Dakota. She is a South Dakota certified teacher in secondary education.

She is an Instructor with the Department of Family Medicine in the Sanford School of Medicine at the University of South Dakota. She has worked with the American Indian Tribes in various capacities for 30 years. For the past 15 years, she has worked with the tribes in SD, ND, NE, and IA on the Special Diabetes Program for Indians (SDPI) and Good Health & Wellness in Indian Country (GHWC) Program grants. She provides data analyses and program evaluation services for tribes and organizations who have received federal funding. She was the recipient of the 2017 South Dakota Diabetes Coalition Service Award in memory of Estellene Zephier for continued work in helping those affected by, or at risk for diabetes in South Dakota.

This live series activity, Family Medicine Grand Rounds, from 06/01/2019 - 08/31/2020, has been reviewed and is acceptable for credit by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Approved for 1 AAFP Prescribed credits.

**AMA/AAP Equivalency:**

AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AAMA PRA Category 1 credit(s)™ toward theAMA Physician’s Recognition Award. When applying for theAMA PRA Category 1 credit(s)™, Prescribed credit earned must be reported as Prescribed, not as Category 1.

**To register go to:** tinyurl.com/usdfmgr

47
Confronting the Opioid Crisis in Clinic

Thursday, September 3, 2020 from 12:15 to 3:15pm
CT at Sioux Falls Health Sciences Center Room 106 and Zoom
Meeting ID: 982 1950 0152 Passcode: 612247

Learning Objectives:
1. Understand the setup process for MAT in clinical practices
2. Understand the challenges and benefits of including MAT in clinical practices
3. Explain to and educate patients on opioid use disorder (OUD) and its effects
4. Understand the common concerns and misconceptions surrounding MAT and know how to address them.

In 2012, Dr. Heather Bell began her family medicine practice in rural MN and is also board-certified in addiction medicine. Seeing a gap in her whole person-centered care, she started using MAT with buprenorphine as part of her practice, demonstrating success in both cost savings and improved patient care outcomes. Dr. Bell, with Dr. DeVine, in partnership with the MN Department of Human Services, have launched the state's first ECHO program to educate and mentor others on appropriate opioid prescribing and encouraging rural buprenorphine treatment.

Dr. Kurt DeVine has been a full spectrum family medicine physician for more than 26 years in rural Minnesota and recently became boarded in addiction medicine. As opioid use and itsattributing issues became increasingly apparent, he became involved with the local community task force addressing opioid use and dependency and added buprenorphine to his practice. Additionally, Dr. DeVine and his colleague, Dr. Heather Bell, initiated Minnesota’s first ECHO to reduce and monitor opioid prescribing in a rural clinical setting.

To register go to: tinyurl.com/usdfmgr
University of South Dakota Sanford School of Medicine
Department of Family Medicine
Grand Rounds

GENERATION RED ROAD APPROACH: INDIGENOUS PSYCHOLOGY

Thursday, December 3, 2020 at 12:15 pm CT
via ZOOM - more information to follow

Learning Objectives:
1. Culturally based concepts & philosophies to enhance awareness & skills working with Native Americans
2. The four target areas of healing within the medicine wheel
3. Participants will be able to list three primary teachings of the Red Road Approach

Speakers:

Char Green-Maximo is an enrolled member of the Ft. Peck Assiniboine & Sioux Tribe in eastern Montana (Nakota & Dakota). Char worked for almost eight years at Sanford Research in the Behavioral Sciences department. Char is currently the Community Engagement Coordinator in the USD SSOM Family Medicine Department. In this role, she works collaboratively with community partners, stakeholders from the effected communities, and university professionals to develop a data-based work plan addressing the disparities of those who are underserved. This includes creating culturally relevant programming and coordinating community-based efforts. She is passionate about prevention efforts, working with Native American youth, underserved groups, as well as providing opportunities and equity to all people of color.

Serene Thin Elk, LPC-MH, LAC, QMHP is a licensed mental health and additional therapist who is an enrolled member of the Bannock/Wan Nation (Yankton Sioux Tribe) and is also from the various Oyate (Rosebud Sioux Tribe). She is passionate about addressing patterns of inter-generational transmission, and finding ways to help individuals, families, and communities heal from the effects of historical trauma and systemic oppression. She obtained her Masters Degree in Expressive Therapies in 2006 from Lesley University. She integrates L/D/Nakota culture and the Creative Arts in her therapeutic work. She has been trained in Dialectical Behavior Therapy and also utilizes this approach to address the mental health and addiction needs of those she works with.

This live series activity, Family Medicine Grand Rounds, from 09/01/2020 - 08/31/2021, has been reviewed and is acceptable for credit by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Approved for 1 AAFP Prescribed credits.

AMA/AAP Equivalency:
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To register go to: tinyurl.com/usdfmgr
Inter Professional Education

Students and faculty participated in the fifth IPE Screening event/Health Fair at the Sioux Empire Farm Show at Denny Sanford Premier Center January 22 – 24, 2020. Previously students had participated in this event at the Dakota Dome during the Dakota Farm Show. However, the Dakota Farm Show was not held in 2020 due to construction on the Dakota Dome with hopes of returning in 2021. Multiple faculty and students representing five disciplines from the SSOM and School of Health Sciences participated in this event. This included students from physical therapy, nursing, occupational therapy, and included ten medical students along with three transitional year residents. Medical students and faculty are scheduled to participate in January 2021 and the plan is to participate at both the Dakota Farm Show and the Sioux Empire Farm Show allowing for more students and more community members to be screened.

Purpose statement:

Promote health and well-being of the attendees by performing screening tests and providing patient education.

- 8 shifts
- 23 student participants – 10 MD, 6 nursing, 5 physical therapy, 2 occupational therapy
- 5 faculty (OT, PT, nursing, MD, communication disorders), 3 residents (transitional year)
- 100 skin cancer surveys completed
- Screened attendees – 154
- Age range – 9 to 92 years
- Males 110, Females 41 (3 gender not recorded)

The newly wrapped Health Professions – SHS and SSOM – RV was parked outside the event. And, we are planning to do the screening inside the Mobile Unit parked inside the Premier Center in 2021. In response to previous feedback, a pre-event was held on January 15, 2020 via video conference in Sioux Falls and Vermillion. Students were led through an introductory group activity. Information was shared regarding the event and training provided on the screening tests to be performed. Additional information was also available via D2L for review and for those that were unable to attend the pre-event. A post-event was held on January 29 again via video conference with Sioux Falls and Vermillion. Students reflected in a Think, Pair, Share format. Students were also encouraged to complete the JTOG. Student feedback was overwhelmingly positive. Students unable to attend also emailed comments. Allison Naber, USD OT Program, and Susan Anderson, USD SSOM, put together a presentation regarding this event for the NEXUS, applied for a grant for materials and submitted a manuscript for publication.
The IPE passport program is an opportunity for medical students and health professional students to record IPE experiences and receive recognition on completion of the program. Achievement of the passport program requires one exposure level activity and two immersion level activities prior to graduation. Oversight is provided by the USD SHS.

AHEC grant recipients through HRSA are required to support the AHEC Scholars Program. This is a longitudinal, interdisciplinary curriculum that implements a defined set of clinical, didactic, and community-based training activities in rural and/or underserved areas for a cohort of health professions students. Each South Dakota cohort has a goal of approximately 45 total students who will engage in both experiential (40 hours/year) and didactic (40 hours/year) training elements. Core topic areas in the curriculum include:

- Inter-professional Education
- Behavioral Health Integration
- Social Determinants of Health
- Cultural Competency
- Practice Transformation
- Current and Emerging Health Issues
### Articles/Editorials

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FACULTY, RESIDENT & STUDENT AWARDS
Edward J. Batt, MD Memorial Award was established in 1979 to recognize an outstanding Department of Community and Family Medicine faculty member to be considered for this award, the following criteria must be met:

* Full-time or clinical Department of Family Medicine faculty member for a minimum of three years
* Involved in more than one phase of department teaching
* Must offer clinical clerkships to USDSSOM students and be involved in the teaching
* Must have received positive faculty and student evaluations
* Participation in medical school committees and councils
* Active participation in professional medical society activities and committees

2020 Award Winner:

Dr. Jerome Bentz, M.D.
Platte Medical Clinic Avera
Platte, SD
**Family Medicine Educator and Scholar Award** was established in 2001 to recognize excellence in teaching and scholarship. To be nominated for this award, the following criteria must be met:

* Full-time Department of Family Medicine faculty member
* Nominations from students and residents or DFM full-time faculty
* Evaluations demonstrating excellence in teaching
* Mentorship by inspiring, advising and supporting professional development
* Involvement in curriculum development
* Involvement in scholarly activity
* Service to the department, school of medicine and university

*2020 Award Winner: Amy Hogue, MD*

**Earl Kemp Award, Sioux Falls Family Medicine Residency** is presented by the faculty to a graduating resident or a previous graduate who exemplifies the interests and spirit that Dr. Earl Kemp brought to the program as director for 31 years. Dr. Kemp had many interests including Habit for Humanity, academic excellence, concern for rural family medicine physicians and their successful/professional practices, full spectrum family medicine and working in severely under-served populations abroad. The award is presented to a chosen individual who embodies at least one of these areas that Dr. Kemp pursued and perfected throughout his career.

*2020 Award Winner: TBD*

**Resident Teaching Award** was established in 2001 to recognize excellence in resident teaching. To be nominated for this award, the following must be met:

* Full-time Department of Family Medicine faculty member for minimum of three years prior to selection
* Nominations from residents
* Evaluations demonstrating excellence in teaching
* Mentorship by inspiring, advising, and supporting professional development

*2020 Award Winner: Kimberly Kennedy, MD, Rapid City, SD*
James E. Ryan, MD, Department of Family Medicine Award sponsored by the South Dakota Academy of Family Physicians to recognize two senior medical students. To be considered for this award, the following criteria must be met:

* Senior medical student who has matched with a family medicine residency through the NRMP
* Ranks in upper half of the class
* Student member in the American Academy of Family Physicians

2020 Award Winners:

Rebecca Cooper, MD; Charissa Etrheim, MD

SAEM Excellence in Emergency Medicine Award presented by the Department of Family Medicine, USD Sanford School of Medicine.

2020 Award Winner: Hayley Naasz, MD

Curtis H. Wait, MD Award: the recipient must be entering a South Dakota Family Medicine Residency Program; be a member of the SDAFP; and demonstrate acceptable performance in Department of Family Medicine Coursework.

2020 Award Winner: Austin Eggers, MD
Oty Kittelson, MD Award: Sponsored by Sanford Health Foundation. The recipient must be entering a South Dakota Family Medicine Residency Program.

2020 Award Winner: Emily Ruth Penning, MD

Dennis and Mary Jo Olson Family Medicine Award: The recipient must be entering a Family Medicine Residency Program.

2020 Award Winner: Victor Strasburg, MD

William Dendinger, MD Award: The recipient must be entering a Family Medicine Residency Program.

2020 Award Winner: Ali Weiss, MD
**Resident Teacher Award – Rapid City:** Presented to a resident for outstanding medical student teaching by the Department of Family Medicine, USD Sanford School of Medicine.

2020 Award Winner: Carissa Elkins, MD

**Resident Teacher Award – Sioux Falls:** Presented to a resident for outstanding medical student teaching by the Department of Family Medicine, USD Sanford School of Medicine.

2020 Award Winner: Jay Allen, MD

**FARM (Frontier And Rural Medicine) Community Project:** This award is sponsored by the South Dakota Academy of Family Physicians, and the South Dakota Foundation for Medical Care provides resources to help support the community projects. Each FARM student designs a health care project that is relevant and beneficial to the host community where they performed their nine-month FARM experience.

2020 Award Winner: Kristin Inman – Winner, SD
DIVISIONS
Emergency Medicine

Submitted by: Arleigh Trainor, MD, Assistant Professor and Chief, Division of Emergency Medicine

Overview
Emergency Medicine plays a critical role in the region. This impact is able to be made through the efforts of our dedicated staff and the learners we instruct. It is the division’s effort to provide quality care and, through this experience, to our learners in the department. By doing this we are stewarding the next generation of physicians for this state and beyond. In 2016, we made efforts to expand our scope of education by integrating Pillar 2 learning opportunities as well as helping with the development of the EM Interest Group (EMIG).

By continuing to foster academic exposure and involvement with an emphasis on using technology to learn, we will continue to advance the medical students’ exposure to education in a discipline that crosses every specialty and touches patients when they are most vulnerable.

The Telemedicine Center operations, nursing/tech exposure experience, child abuse program, toxicology, EMS, ultrasound, simulation, sexual assault nurse examiner program, and research continue to be strengths of our educational experience for our medical students. We believe that engaging educators, students, patients and administrators to capture innovative ideas with dedication to operational and quality of care excellence is the key to the future of our division.

We are also expanding our visibility nationally with my becoming a team leader at a national consensus conference.

We are becoming active in research, which I feel is important for the student to see and be involved in at a national level.

Goals Achieved
1. Integrate Emergency Medicine into Pillar 2 White Space (observation shift, medic shift, audition shift).
   a. Integrated into all sites this year
2. Assist with mission statement and focus EM Interest Group (EMIG)
3. Grant re-application of EMIG
4. Increase visibility of EM into Pillar 1 and 2.
   a. EMIG is going to speak to Pillar 1 medical students
   b. Observation shifts available for Pillar 1 medical students
   c. White Space for Pillar 2
5. Standardize shift evaluation, now at a national level
   a. Pilot site for new tool
   b. Video for attending and for students for use of new tool
6. Change to a completely online course for the duration students were pulled out of rotation for COVID
7. Integrating a week asynchronous learning with reintroducing 2 weeks of clinical hours
**Future Projects**

1. Further integrate EM into the entire medical student curriculum
2. Release the shift card to a computerized format
3. Release shift card to all sites
4. Establish virtual advisor program in conjunction with residency EM programs, contacted at Regions and HCMC that want to make a more exclusive relationship than the one available with SAEM
5. Launch modified website to help direct rotation and provide resource with sub-section for EMIG, anticipate February start date.
6. Further identify areas to expand upon in department – on hold during COVID
   a. Simulation scenarios (integrate this with other specialties vs. do own)
   b. Ultrasound scenarios
   c. Research support for students
   d. Pediatric EM integration (on hold until re-hire of PEM in the state)
Geriatrics Fellowship

Training geriatricians to provide exemplary senior care.

The USD Geriatrics Fellowship features

- One-on-one learning experiences with accomplished faculty.
- Concentration on teaching safe transfers of care, a scholarly interest of Dr. David Sandvik, former Program Director.
- A Part Time Track that allows fellows to complete the 1-year fellowship over a 2 years span so they can continue their practice.
- Participation in Avera McKennan’s e-Long Term Care. A service that provides geriatric consultation to 7000 nursing home residents.
- Exposure to multiple areas of geriatric care, from the home setting, to assisted living, nursing home, sub-acute, rehab, In patient and Hospice.
- Three Teaching Hospitals; Avera McKennan, Sanford, and the Sioux Falls VA.
- Fellows attend AGS and AMDA national meetings
- Fellows begin the CMD training through AMDA
- Two Didactic conferences per week which are small in size with fellows and one or two attendings in attendance.
- The Fellowship sponsors an Annual Symposium
- Fellows give multiple lectures including Grand Rounds for Internal Medicine

Our graduates are also trained to be proficient as medical directors of nursing homes and other programs and as geriatrician hospitalists.

The program is one year in length and is accredited for four fellows. However, fellows may choose to complete the fellowship on a 2 year track while continuing their practice.

Faculty
G. Daniel Rath, MD CMD
Program Director
Dr. Rath graduated in 1985 from Vanderbilt University School of Medicine, Nashville, TN, and attended the Sioux Falls Family Medicine Residency Program in Sioux Falls from 1985-1988. In 2010, he completed a Geriatrics Fellowship at the University of Nebraska Medical Center in Omaha, NE. He was certified by the ABFM in 1988 and obtained a CAQ in Geriatrics in 2010. Since August 2010, he has worked at the Sioux Falls VA Healthcare System and attends for many of the fellowship’s activities at that institution. Some professional interests include Geriatric Medicine, Family Medicine, Preventative Medicine and Psychiatric Disorders. He’s a past recipient of the Tracey Osborne Award in 2009 from the Nebraska Medical Directors Association. Dr. Rath lives in the country with his wife and four children. Some of his hobbies and interests include gardening, canoeing, developing his skills as an arborist and making music with friends and family.
Joseph Rees, DO  
Associate Program Director  
Avera eCare Services and Geriatrics Clinic  
Sioux Falls, SD  
Dr. Rees hails from St. Louis and came to Sioux Falls from Kansas City University of Medicine and Biosciences, College of Osteopathic Medicine. He finished internal medicine at USD in 2011. As a hospitalist he decided he needed more geriatric training so he finished the USD Geriatric Fellowship in 2018 becoming the third fellow to complete the part time track. He is active with Avera eCare, presenting data on coding to CMS in 2019 and authoring a white paper on care to nursing homes. He has started the Avera geriatrics clinic where fellows will spend time. He is active with teaching fellows, residents and medical students.

Oluma Bushen, MD CMD  
Key Clinical Faculty  
Sioux Falls VA CLC  
Currently, Dr. Bushen is the Sioux Falls Veterans Affairs Health Care Community Living Center physician and a board-certified geriatrician. He is a certified medical director. He works with the University of South Dakota Sanford School of Medicine to teach internal medicine, family practice and geriatric fellows.

His expertise and passion for quality geriatric care has pushed effective care to veteran residents of long-term care facilities. He strives to find innovative ways to provide easy access to care for the geriatric population, improve the quality of life for long-term care residents, support local providers and provide training and education to long term care staff.

He is a very popular one on one teacher of geriatrics and QA at the VA nursing home.

Medical Education: Jimma University, Jimma Ethiopia  
Internal Medicine Residency: USD Sanford School of Medicine, Vermillion, S.D.  
Geriatric Fellowship: USD Sanford School of Medicine  
Infectious Diseases Fellowship: University of Virginia, Charlottesville, Va.

He served at Columbia University and later Tulane University programs funded by DHHS/CDC to establish and implement HIV/AIDS programs and mentor physicians in sub-Saharan Africa including South Africa, Rwanda and his home country Ethiopia.

David Brechtelsbauer, MD, CMD  
Professor Emeritus  
Dr. Brechtelsbauer graduated from the University of Michigan Medical School in 1973 and completed his family practice residency in Saginaw, MI. Dr. Brechtelsbauer practiced for nine years in rural Virginia before joining the Sioux Falls Family Medicine Residency faculty in 1985. Having completed a mini-fellowship in geriatrics at the University of North Carolina, he is a retired family medicine residency
geriatrician, a Professor Emeritus and former Key Clinical Faculty member for the geriatrics fellowship program. Dr. Brechtelsbauer was selected by his peers as the 2004 South Dakota Family Doctor of the Year. He was national President of the American Medical Directors Association (AMDA) 2009-2010. His numerous teaching awards include: Edward J. Batt, MD Memorial Award as Outstanding Faculty Member 1995-96, Department of Family Medicine; Educator and Scholar Award, USD School of Medicine, Department of Family Medicine, 2003; James Pattee Excellence in Education Award presented by the American Medical Directors Association, 2005; and the Warren L. Jones MD Faculty Award, presented by the Sanford School of Medicine of The University of South Dakota, 2009. As editor of AMDA’s publication, "Caring for the Ages," he authored the popular column, “Ask Dr. B.” Dr. Brechtelsbauer is married and has two grown sons. He and his wife enjoy hiking, biking, camping, public radio and traveling.

Fred Thanel, MD, MPH CMD
Key Clinical Faculty
Dr. Thanel graduated from Creighton University School of Medicine in 1975 and did his family practice residency at Creighton-St. Joseph’s Hospital in Omaha, NE. Dr. Thanel practiced for 13 years in rural Wyoming before joining the faculty at the University of Alabama, Birmingham. He completed an MPH degree in Epidemiology at the UAB School of Public Health in 1993, and joined the family medicine faculty in 1993. He became Key Clinical Faculty for the geriatric fellowship in July 2010. He is Medical Director for Dow Rummel retirement complex, one of the fellowship’s teaching sites. Besides geriatrics, his medical interests include rural health care issues, outpatient procedures, sonography, practice-based research and obstetrics. He serves as a National Advisory Faculty for Advanced Life Support in Obstetrics (ALSO). Dr. Thanel is married with three children. He and his wife and family enjoy canoeing, fishing, hunting, cross-country skiing, biking, and anything else that can be done outdoors. Dr. Thanel retired from bedside teaching in 2020 but continues to teach geriatrics, Family Medicine and bedside Ultrasound.

Kwabena Kwakye, MD
Key Clinical Faculty
Avera eCare Services and Hospitalist at Avera Hospital, Sioux Falls.
Dr. Kwakye graduated from the School Of Medical Sciences in Ghana and completed his internship and residency in Internal Medicine at the Harlem Hospital Center, New York and then moved to Aberdeen, South Dakota as one of the pioneer hospitalists for the Avera Saint Luke’s Hospitalist program. After working for 3 years as a hospitalist, he joined the Geriatrics Fellowship program on the part time track and successfully completed his training in April, 2017. He relocated to Sioux Falls after training and currently is working as a hospitalist and geriatrician at the Avera McKennan Hospital and University Center. He derives great satisfaction in assisting elderly patients and their families navigate the complexities of each acute hospitalization and ensuring effective transitioning of care after the hospital stay. He is also actively engaged in the care of multiple residents in the subacute and custodial setting across multiple states (South Dakota, Iowa, Nebraska, Minnesota and West Virginia) through Avera’s Geriatric Services and eSenior Care.
## Recent Graduates

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
<th>Position/Location</th>
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<tbody>
<tr>
<td>2020</td>
<td>Evelyn Ivy Mwangi, MD</td>
<td>Geriatric Hospitalist at Anne Arundel Medical Center</td>
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<tr>
<td>2018</td>
<td>Joseph Rees, DO</td>
<td>Avera eCare Services and Geriatrics Clinic</td>
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<td></td>
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<td>Sioux Falls, SD</td>
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<td></td>
<td>Shamim Sultana, MD</td>
<td>Geriatrician</td>
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<td></td>
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<td>Sioux Falls, SD</td>
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<tr>
<td>2017</td>
<td>Deborah Kullerd, MD</td>
<td>Geriatrician</td>
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<td>Spearfish, SD</td>
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<tr>
<td>2017</td>
<td>Kwabena Kwakye, MD</td>
<td>Avera Hospitalist and eCare Services</td>
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<td>Sioux Falls, SD</td>
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<tr>
<td>2016</td>
<td>Kerry Blackham, MD</td>
<td>Family and Geriatric Medicine</td>
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<td></td>
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<td>Phillip, SD</td>
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<tr>
<td></td>
<td>Fatima Kidwai, MD</td>
<td>Avera St Luke’s Aberdeen, SD</td>
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<td></td>
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<td>Head Hospitalist</td>
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<tr>
<td>2014</td>
<td>Scott Balson, MD</td>
<td>Medical Director of Geriatrics</td>
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<td>Tacoma, WA</td>
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<tr>
<td>2013</td>
<td>Oluma Bushen, MD</td>
<td>Director of Geriatric Services</td>
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<tr>
<td></td>
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<td>Avera McKennan Hospital &amp; University Health Center</td>
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<tr>
<td></td>
<td></td>
<td>Sioux Falls, SD</td>
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<tr>
<td></td>
<td>Farzin Farajzadeh, MD</td>
<td>Geriatrics</td>
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<tr>
<td></td>
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<td>Loma Linda, CA</td>
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<tr>
<td>2012</td>
<td>Mary Morris, MD</td>
<td>Gundersen Lutheran Health System</td>
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<td>LaCrosse, WI</td>
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### Training Sites
Geriatrics fellows train at the following sites:

- Avera McKennan Hospital and University Health Center
- Sioux Falls VA Medical Center
- Sanford USD Medical Center
- Multiple area Nursing homes
8th Annual USD Geriatrics Symposium:

COVID in the Institutionalized Elders

Date & Location
Friday, November 19, 2021, 8:00 AM - 12:00 PM, Virtual (ZOOM) / Feliciano Conference, Sioux Falls, SD

Registration
Confession - Geriatrics
Profession - Nurses, Pharmacists, Social Workers

AGENDA Objectives:
1. The learner will understand why patient outcomes have improved.
2. The learner will understand why some changes have been greater than others and how to compensate.
3. The learner will learn how to improve care for resident and their quality of life.

AMCOS Learning Outcomes:
1. The learner will produce more knowledgeable patient care on an individual level and on a population level.

ASMHE Objectives:
1. See above

Registration Information
There is no cost to attend this session.

This symposium will be held via Zoom. When you register, you will receive an email with the information needed to attend through Zoom.

CME Credits
Physician (AMA - Category 1 Credit): (5) hours, Nursing (AHCC): (5) hours, Social Work (Additional): (5) hours

Accreditation:

CME Accreditation:
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the American Medical Association (AMA) through the joint providership of Avera and USD Geriatric Fellowship Program. Avera is accredited by the ACCME to provide continuing medical education for physicians. Application has been made for continuing medical education.

Nursing Accreditation:
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the American Nurses Credentialing Center (ANCC). Avera Health is an approved provider for continuing education by the South Dakota Board of Social Work Examiners. Application has been made for continuing education hours.

Social Work Accreditation:
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Social Work Commission on Education for Social Work. Avera Health Provider #1003 is an approved provider of continuing education by the South Dakota Board of Social Work Examiners. Application has been made for continuing education hours.
General Overview

In an effort to best prepare our graduates to work in the 21st century health care environment, we have transitioned to “The 3 Pillars of Medicine” curriculum. In the first pillar, students learn the human science basic to medicine integrated with patient cases and regular patient care experiences. In Pillar 2, students learn core aspects of clinical medicine (family medicine, pediatrics, internal medicine, surgery, psychiatry, obstetrics/gynecology, and neurology) in a “longitudinal integrated clerkship” format. The third pillar, Physician Scholar, is a capstone opportunity for students to pursue excellence in clinical medicine, research, and other important professional competencies.

Three Pillars of Medicine

The First Pillar establishes a strong foundation in basic science, blended with clinical experience in both didactic and small group settings.

The Second Pillar focuses on acquiring clinical skills, integrating learning across specialties and focusing on experiential learning. Students work closely with experienced physicians in Sioux Falls, Yankton, Rapid City, FARM sites or other communities in South Dakota (view our “Map of Family Medicine Clinical Sites”).

The Third Pillar includes advanced medical knowledge, an opportunity to delve more deeply into areas of interest through electives and an expanded opportunity to perform research.

Several threads run throughout the curriculum, including the importance of professionalism, culture and diversity, population science, quality and outcome assessment and working in an interdisciplinary environment.

The curriculum is designed to allow students to gain competence and then progress to excellence, creating skilled and confident physicians, who are able to practice medicine in the modern era.
PILLAR 1
Clinical Foundations of Medicine

Submitted by: Dr. Roy Mortinsen, MD, Associate Professor and Director

Overview:
Clinical Foundations 1, 2, 3 (IMC 503, 609, 610)

Clinical Foundations of Medicine (CFM) is a course integrated throughout the first 18 months of medical school. The goal of the course is to provide students with the clinical skills and experiences necessary to succeed when they begin seeing patients in Pillar 2. In CFM, students learn to take a history, perform physical examinations, develop communication skills, and receive training in diagnostic reasoning.

The CFM team is responsible for faculty and patient recruitment, lecture and small group schedules, syllabi production and dissemination, facility reservations, and administrative support to patients, faculty, staff, and students participating with the course.

Staff Members

Block Director: Roy Mortinsen, MD  Roy.Mortinsen@sanfordhealth.org

Education Coordinator: Cathy Logue, RN, MA  Room 219, Lee Med, Vermillion  605-658-6333  Cathy.Logue@usd.edu

Program Assistant: Arica Schuknecht  Room 217, Lee Med, Vermillion  605-658-6332  Arica.Schuknecht@usd.edu

General Synopsis:
In Clinical Foundations 1 the students learn how to take a medical history and perform basic physical exam skills related to the system they are studying in the anatomy section of the Medical Foundations block. Also, in conjunction with the anatomy section during this course, the students receive hands on experience with bedside ultrasound. They learn how to position and scan the patient to evaluate the anatomy. They receive training on standard precautions, cultural diversity, HIPAA, patient communication skills, human development, child abuse, ethics and professionalism, and quality & safety training. They learn how to take a complete history from a standardized patient. They are introduced to telemedicine video interactions and participate in 3 different simulated telemedicine visits where they collect the medical history from the standardized patient. They are taught how to use diagnostic reasoning to come up with differential diagnoses for common complaints like abdominal pain, headaches, depression, and back pain. They learn how to give constructive feedback to their fellow classmates during a peer-graded exercise of history taking using a rubric for grading.

In Clinical Foundations 2 the students continue to improve their physical exam skills while identifying possible pathologies they may find. They are taught surgical scrub, gowning and gloving, suturing, musculoskeletal exam skills & pathology, nervous system exam skills & pathology, abdominal exam skills & pathology, eye & ear pathology, integument & skin pathology, recognizing substance abuse in patients and colleagues, disaster training, telemedicine, loss & grief, ethics, pain management, bedside ultrasound uses, and nutrition. Students also expand their clinical experiences during the Professional Development component as discussed below. In February the students traveled to Pierre for a Service Learning experience at the Pierre Indian Learning Center, identifying the challenges of providing medical care for inmates at the Pierre Woman’s Correctional Facility and learning how legislation can affect the
practice of medicine during Legislative Day. Students wrote problem focused histories and observed physical exams during the COVID isolation period by using videos from the Bates’ video collection and from a taped problem focused encounter. Feedback was completed online and was well received by the students. This year our OSCE 3 activity was changed to an all multiple-choice testing format due to the necessity to minimize spread of COVID 19.

In Clinical Foundations 3 the students continue with the Professional Development Experiences but again were limited due to the COVID pandemic. They were taught cardiovascular physical diagnosis in small groups and via asynchronous learning. They were able to combine all the skills they have acquired to perform the OSCE 4. The OSCE 4 exercise is a unique activity that allows the students to be the patient with a disease of their choice to portray, the physician that will perform the complete history and physical, and the evaluator that will give constructive feedback on the complete history and physical exam and also give feedback on the write-ups. This allows the students to learn how to complete a history and physical with instant feedback and learn not only from the instructors but also from other students. This motivates student learning as students need to demonstrate and be comfortable with their clinical skills to teach and evaluate their classmates. These sessions are helpful in preparing the students for their Pillar 2 experiences. This year we transformed our focused history and physical exam exercise into a telemedicine exercise. We adapted to the COVID constraints and added additional training on Telemedicine and then performed simulated telemedicine visits.

This year the CF 3 students have additional training in telemedicine. The students will perform a simulated telemedicine visit with a different classmate that is playing the patient role from the OSCE 4 exercise. This will all be held over ZOOM due to the COVID pandemic. The students will perform a focused history and physical exam over Zoom and make clinical recommendations based upon their diagnostic reasoning. They will present the case to an attending and write-up an enhanced progress note on the telemedicine encounter for peer evaluation.

Professional Development Activities:
The Professional Development activities are part of Clinical Foundations 2 and 3 and are designed to enrich students’ learning by allowing them to participate in clinical experiences that they have chosen. Through the Professional Development component, students will see SSOM faculty practicing in their specialties with high moral values and professionalism. Students will experience a broad exposure of healthcare and related services that complement the care of the patient and will promote the professional development of the student while providing leadership opportunities.

Students are encouraged to follow primary care providers to practice the skills they have learned in clinical foundations and will need in Pillar 2 clinical activities. It is our hope that with early exposure to primary care, our students will have more of an interest in primary care as they go through medical school and into residency. In CF 3 this year students had the opportunity to spend a 2 day clinical experience in Platte with Dr. Bentz. This gave students exposure to family medicine in a rural community. This was well received by the 3 students who chose to go to Platte and they recommend the experience be continued. Plans are under way to offer more of these experiences in the spring semester.

Additional experiences that were both didactic and experiential related to cultural diversity were introduced this year. Please see attached outline of the various activities from this past year at the end of this report.
Minimum Competencies:
1. Patient contact – a minimum of 3 hours each month
   a. One experience needs to involve a patient care experience with diversity or underserved population
2. Service Learning Experience – minimum of 1 hour
3. Diversity Experience – minimum of 1 hour
4. Professional Development Showcase presented to faculty and first year students at the end of the fall semester (November).

Exposure to Patient Care:
We have found students have been exposed to a wide range of experiences; see examples below:

- **This is a description of two students’ time during their 2 day clinical experience in Platte, demonstrating the opportunity to practice IV skills, exposure to cultural diversity and Telemedicine:** I learned a lot during this experience including practicing my IV skills. I also learned a lot about healthcare in a rural community. It’s a really great experience when you know all your patients and are able to know a lot of their story. I found this experience to be very beneficial and great way to learn the differences between rural care and providing care in more urban areas such as Sioux Falls. The providers in Platte all had great relationships with their patients, but it was not uncommon for them to know them outside of the office. They see their patients in the community and may be friends with them or be a part of community or religious groups with their patients. It was neat to see the differences in patient-physician relationships in their rural setting. (new paragraph) In addition, I was also able to watch a Telemedicine interaction while I was in Platte. There was an elderly couple in White Lake who were both sick with what seemed like a case of bronchitis, but the PA who goes to White Lake had already left for the day and so this couple would not have been able to be seen by a care provider until Monday. Fortunately, they were able to do a Telemedicine visit to Platte to have one of the PAs there provide care and treat this couple. It was interesting to see how Telemedicine works. The PA in Platte was able to hear the heart and lung sounds while the medical assistant in White Lake listened to both patients. We were also able to see their ears, nose, and throat through a camera placed in the otoscope that the medical assistant was looking. Overall, while it may not be as good as actually seeing a care provider face to face, for elderly patients who cannot drive to another town to see someone I thought Telemedicine shows promise for providing great care. In Platte, there are three surrounding Hutterite colonies that often come into the clinic. Throughout the day, I saw four patients from the colonies. One for a pre-surgery physical for a knee replacement, one for a DOT physical, and the last two were for hypertension checkups. The last two patients where fairly complex with many complex health problems such as pulmonary hypertension, diabetes, and heart failure. Overall, these patients were very pleasant and very easy to work with.

- **An example of a student applying classroom knowledge to the clinical setting:** For my first shadowing experience in the Neurology block I spent a morning in the operating room with Dr. Sarah Powell, an otolaryngologist from Dakota Dunes. I thought this experience was fantastic and I would highly recommend spending a day with Dr. Powell to anyone. This was the first time I have been in the operating room since early in my undergraduate education and the first time I have ever scrubbed in for any procedures. I thought this was an excellent opportunity to take skills that I have learned in clinical foundations like scrubbing in and maintaining a sterile field and applying them while they are still fresh in my head and also apply some of the basic science information that I have learned especially in anatomy. Throughout the day I also was able to talk
to Dr. Lukken, one of the anesthesiologists who worked in the hospital. There were multiple times when in between surgeries we were able to explain different types of anesthetic agents and indications for their use which fit well with the pharmacology we have been learning in class.

- An example of career development and a student finding a role model: I really enjoyed spending time with Dr. Carmody as a female in a male dominated field. She gave me very good insight on what to appreciate when trying to find a specialty and how she dealt with being in a male dominated field. She also spoke with me about how to incorporate family into a busy medical practice and how she balances her life. I felt her insight was very true and spoken from her heart. I really valued her time and I hope to be a good mentor to medical students when I am a practicing physician.

- A student’s experience following Family Medicine residents in L&D: This was an incredibly hands-on experience following the two Family Medicine residents on their Labor and Delivery rotation. Throughout the day we worked on several different situations - scheduled C-sections, inductions, emergency triages, and newborn exams. The day was fairly slow, so they took time to teach me how to read fetal heart monitors, how to document notes in Meditech EMR, and run through their basic maternal OB and newborn exam. I was allowed to do all the exams alongside the residents, including a neuro exam for a mother who had experienced a syncopal episode. This experience was incredibly useful because of the way I got to utilize my clinical skills. In more than one case I was able to take point on the exam, with support of the residents. This was an incredible testimony of professionalism in my mind that the residents were willing to give me the opportunity to learn from their patients, while also supporting the highest level of care for the patient in question by close supervision.

- Example of student being inspired by a role model: I shadowed Dr. Murray before beginning GI a few weeks ago. My experience shadowing him was so insightful and informative that I wanted to follow him again, now that I have learned about the GI system. Shadowing Dr. Murray again was a fantastic learning experience; his rapport with his nurses and staff, the confidence he instills in his patients, and his clear expertise for his profession have been so inspirational and educational for me.

- Clinical Experience at Child’s Voice: This shadowing opportunity was with Child’s Voice, which is an advocacy center for children or mentally disabled adults who have been abused - physically, emotionally, or sexually. This center works as a team, as they have multiple well-trained staff members who each help with their specific part of the appointment. For example, the interview is with a specially trained forensic interviewer, who has to ask questions in a certain manner to ensure that the victim doesn't have to be interviewed multiple times. These interviews are also often used in court cases, so it is imperative that the interviewer remains neutral to prevent the opportunity of the findings being counted as forced/lead. We started our day at 9 am by talking with the family who was being interviewed. The main patient was a 15-year-old girl, who has many, many struggles in her short life already. Her two cousins were also victims, so they were all interviewed separately. When I left at 12, they were just over halfway done with the family. It was absolutely heartbreaking listening to the terrible things this family had faced, but I was impressed with how well the staff handled such a sensitive topic.
Integrated Clinical Experiences
The goal is to integrate clinical experiences that complement the basic science curriculum’s current system block. During the GI Block, students all rotate through a GI lab, during the Renal Block students rotate through the dialysis unit, and during CF 3 during the Respiratory Block, students all rotate with a respiratory therapist. Some comments from students are below:

- This was a very good experience for me because I had never been in a dialysis unit before. It is humbling to hear about the types of lifestyle modifications the patients must go through to have successful dialysis treatment. It also is a significant portion of time that is taken out of patient’s days 3 days a week. I think as a physician or healthcare provider we sometimes distance ourselves to the point where we forget about the hardships a patient endures during their diagnosis. I hope experiences such as this help to remind me to be conscious of patient care to make their lives as comfortable as possible.

- I thought this experience was incredibly interdisciplinary, and it was great to witness the individual roles of the health care team and how they are applied in the dialysis unit. It also was very interesting to learn more about the patient safety mechanisms that go into dialysis. Due to the nature of the filtration, it is a system that has a very small margin of safety. I witnessed both mechanical fail safes on the machines, staff attention to hourly testing of the systems, as well as requiring two individuals to review the labs and the settings on the machine prior to beginning the treatment. It was a great witness of the interprofessional approach used to provide very high quality care.

Diversity and Underserved Populations:
Through these patient care experiences, students are required to document diversity and/or care of the underserved that they are exposed to:

- It was eye opening to see how much of a difference that the doctors in Kyle make in people's lives. There was a homeless man who had HIV and alcoholism and he put all his trust in Dr. Wagner even though Dr. Wagner was white. The patient had said he doesn't trust many white people but he knew Dr. Wagner cared about him so that is why he would share his stories with Dr. Wagner. It was obvious that Dr. Wagner’s first goal was the gain the trust of his patients so that they could connect on the same level and have trust in one another. I know that this is something I want to do in my practice in the future. The level of trust the patients had in Dr. Wagner was astonishing and I hope to practice like him someday.

- Today I experienced Native American Health Care for the second time. I continued to realize and appreciate the level of adversity this population of patient faces in their daily lives. It is difficult to come up with the words to describe it, but the situation Native Americans of all ages face is heartbreaking. I saw a fourteen year old in an orange prison jumpsuit getting an eye exam with an attitude of nonchalance when asked about his situation, because so many people he knows are in a similar situation. I saw a woman whose health was falling apart in every way due to dependence on alcohol and substances and without the ability to properly take care of herself. I saw people who reported to the clinic with problems that should have been addressed long ago but were not for lack of transportation, money, etc. I continue to realize the disparity of health and opportunity between this population and others, and it saddens me to know that there is not a clear way this can be remedied. Providers like the ones I had the opportunity to work alongside do what they can, but sometimes it seems like bailing water from a ship instead of patching the leak.

- This activity was a small group cultural sensitivity training held at the Urban Indian Health Center in Sioux Falls. It was focused on learning more about Native American culture, history,
and medical practices, as well as discussing the basics of cultural sensitivity in regards to other cultures. This experience was incredibly helpful - it taught me a lot about Native American culture and how to celebrate the differences between different cultures. Honestly, the best part about this experience was the person who delivered it. Her name is Theresa, and she was an incredible person to listen and learn from. She has an air of wisdom about her that I haven't come across in many people. One of the things that I loved about interacting with her was watching her listen to others speak. She invited us to contribute as we wanted to, and when someone chose to speak up, she would listen with her whole body, and wouldn't interrupt or anything. It felt as though she really valued what we had to say. I really appreciated how the morning was set up as well. It was structured with the perfect amount of history, medicine, examples and discussion. I personally think this activity should be required for all 1st year medical students. Part of what made it so great though was the small group size, so if it does ever become a part of the curriculum, I would definitely try to keep it in groups of less than 10 students.

Service Learning
In addition to clinical experiences, students are required to participate in a service learning project each semester. Students volunteered in a variety of areas: Coyote Clinic, blood glucose and blood pressure screenings at the Welcome Table in Vermillion and Banquet in Sioux Falls, STI Training in area high schools, etc.

- **Volunteering at the Vermillion Food Pantry** - Every time I am able to take a step back from the repetitive nature of classes and exams and give back to any sort of community service organization it's a great reminder of the reasons that I went into medicine in the first place to help support and serve my community. I especially felt this way with helping the Vermillion Food Pantry. Hearing stories from the director of the food pantry here in Vermillion was eye opening to hear of the pure number of citizens of Vermillion requiring support as they are battling the effects of poverty. It is easy to get caught up in your studies and yourself and forget that people that you see on a day to day basis may be struggling to put food on the table for their family.

- **Volunteering at the Welcome Table** - These healthcare activities may seem very simple and almost unnecessary because these are things you can get done at a local pharmacy for free, but these offering these simple health checks really seems to make a huge difference in someone's day. I think that the people that come for the health checks really aren't just coming to get their blood pressure and blood glucose checked, I think they come to have someone care about them. I believe this because each person doesn't just come in, get their health checked, then leave. They come and seem to want to talk about their day and their medical worries. Even when we are finished checking them, they stay to talk with us until the next person comes along for their health check. I think this shows what health care is truly about. It isn't just the technicalities. It is actually sitting down with someone and making them feel cared for. I could tell that each person that came really appreciated sitting with us and having us ask about their life.

- **Volunteering as a Mentor for the CO 2023** - I really enjoyed being a mentor. It feels really good to be able to give advice to students and to be a support system for someone. It is very obvious that the students wanted to hear from us and wanted to be close with us. I would like to always be a mentor to someone as I progress through my career. In addition, I always want to be a
mentee and have a mentor who can help me through my career. It is great to have someone you can count on that has past experiences and wisdom and to share those same things with someone who needs help.

- **Coyote Clinic** - One of my favorite aspects of volunteering at Coyote Clinic is just being able to learn from the older students. They are so knowledgeable, but also understand the place we are at. Chris was super, super awesome at helping when I failed to think of more to ask. At the end of the night, he unprompted gave me feedback which was encouraging and very sweet. I also really enjoy getting to know some of the local providers better. I had worked with Dr. DeHaan, who I had not previously worked with, but he was so kind and personable and friendly. I love seeing role models in medicine that I can learn from and hope to emulate in my future practice.

**Other Professional Development Opportunities:**

- **Student who attended the SDAFP Conference:** Wow! From the opportunity to peruse through the tables and chat with physicians, on Thursday night to the final talks on Saturday morning, this was one of the best conferences I have ever attended. Friday’s discussions gave a very good opportunity to chat with physicians about cardiac and abuse care. We were also able to discuss ideas for current projects in Scholarship Pathways, ask questions about FARM, and query the various aspects of SD healthcare. On Friday afternoon we were able to partake in / lend our bodies to the educational session focused on ultrasound. This was my second favorite session and it was awesome. We were able to use the ultrasound machines throughout a series of 6 or 7 stations investigating various locations/structures within the body and search for pathology. My station was based on an 8 point emergency screen, and I honestly think that I could conduct that assessment right now at any emergency room in the state. It was awesome! On Saturday morning we learned about all sorts of somewhat rare pathology within the pediatric clinic. This is an area of medicine about which I am particularly keen, so I really appreciated seeing the pictures and explanations laid out before me in a logical manner. Landon and I were even raising our hands answering the questions about metabolism and bone tumors. We got a couple smiles and heads nodding from folks in the room when we answered correctly. Gosh, all in all it made me absolutely excited to have the opportunity to practice such a skill as medicine, especially in this state!

- **Student who is developing and working on his Scholarship Pathways Project:** This activity involved meeting with sophomore and junior age students at Gayville-Volin HS and discussing with them the opportunity they might have to take a hybrid EMT course over one of the semesters next year. When I first arrived, I chatted with the students for a while and then was given the opportunity to present details about this course. I outlined my journey from HS to medical school and shared with them the utility I had found in taking this course when I was in college. I also shared with them about the fact that now as high school students this opportunity is really quite unique and that to take the course now may be even more beneficial as opposed to waiting until later. After presenting on this course opportunity, I sat down with the students and answered their questions and detailed the curriculum a bit further. I also shared some of the stories I had collected from my years of service as an EMS provider. The students were really excited about the opportunity.
Accomplishments:

• We have successfully developed and implemented a Clinical Foundations of Medicine curriculum that delivers on preparing our students for Pillar 2 even though the COVID pandemic has severely limited this extensive “hands on” course. We have met our learning objectives through asynchronous learning, small group activities, reverse classroom activities, simulations, ZOOM meetings and Panopto lectures. We have kept our students and staff safe by following USD’s and CDC’s guidelines, teaching standard precautions, requiring masks and eye protection and doing as many teaching and assessment sessions over long-distance learning using today’s technology. This was accomplished by the following:
  o Teaching multiple faculty how to use the technology.
  o Explicit instructions to students with video demonstrations.
  o Improving the learning experience by standardizing the learning experiences through video demonstrations and a concise grading rubric.
  o Expanding the peer evaluations which brings more motivation and richness of the feedback to their colleagues that comes with peer grading and evaluation.

If there was an award to be given for adapting to our new realities from this COVID pandemic, our team would surely be in the running.

• Our OSCE 1 which is the physical demonstration of how to do many physical exam maneuvers was restructured to decrease the risk of spreading COVID by:
  o Following CDC’s and USD’s guidelines (mask, eye protection and social distancing).
  o Working with the Parry Center staff to run 2 hallways at different times, again decreasing the chances students contacting each other.
  o Decreasing the number of people coming through the Parry Center at one time.
    ▪ Removing the standardized patients and using a student partner.
    ▪ Placing the attendings on Zoom to watch and assess the physical exam.
    ▪ Breaking up the groups of students into smaller groups and keeping the groups the same throughout the semester, decreasing new contacts.
  o The physical examinations were not performed in stations this year but rather all done at once, saving time and again decreasing contact and spread of COVID. We were able to do this by restructuring the OSCE rubric checklist and limiting the interactions to 2 students that would perform the exam on each other.
  o We received excellent feedback from the students and staff regarding this activity. For example, below is an email from Dr. Vogt:

“Roy,
I was very pleased with how well the students did in today’s Clinical Foundations’ OSCE 1. And, although it was not on site or face to face, I thought it went very well. Kudos to you, Cathy, Arica, Brian and anyone else involved in putting this huge exercise together.
Bruce”

• Our OSCE 5 exercise (on the focused H&P, writing an enhanced progress note and case presentation) was substituted for a Telemedicine exercise that had the students performing the same learning objectives but through a simulated telemedicine visit. This was accomplished by:
Performing telemedicine training that covered several of the AAMC telehealth competencies.

Having the students use their mock cases from the OSCE 4 exercise to play the patient role for one of their colleagues playing the role of the physician on a simulated telemedicine visit.

Redesigning the evaluation forms for a simulated telemedicine visit and to make the forms easier to use for the variety of patient pathologies presented.

Peer evaluation of the write-ups allow the students to learn from the successes and mistakes of their fellow classmates.

- This also enhances student’s self-evaluation skills and provides a deeper learning of the subject by getting a good understanding of the assessment criteria and the assigned task.
- Peer assessments also generate timely feedback and decrease the work load of the attendings.

This exercise has gone well. Students and attendings have given us positive feedback. This is an example email from Dr. Burrish:

“Hi All,
Most impressed with the pivot to telemed on short notice. The instructions were brief and to the point, but crystal clear. Sure this took hours to organize. You're miracle workers.
Gene”

We have several other successful accomplishments of curriculum transformation to help keep people safe during the pandemic and still deliver on our learning objectives. Other examples include:

- GI block – Dr. Ridgeway produced a video of the abdominal exam as well as 2 different focused history and physical exam exercises using videotaped examples.
- Medical history taking has been changed to a simulated telemedicine activity with telemedicine training.
- Students in the past have asked for an example complete history and physical exam to be taped and we created one that was used in their first write-up of a complete H&P.
- OSCE 3 exercise was changed to a multiple-choice based assessment.

To summarize our accomplishments, here are some student comments from Clinical Foundations 2:

“Cathy, Arica and Dr. Mortinsen were able to mold CF so quickly in the face of a pandemic. I really appreciated how much effort they put in, especially post-lockdown, to keep us engaged.”

“The adaptability of the CF staff was tremendous to see in this semester. We had no idea what was going to happen during the Global Pandemic, and I believe the changes made to this course were very well put together given the circumstances. I still had an enriching learning experience even with having limited patient contact.”

“Dr. Mortinsen was very adaptable to our needs and did his best to help us be successful under the given circumstances. It was very clear he was willing to do whatever he needed to help us in this unprecedented time and for that I am thankful.”
“I thought IMC 609 ran very smoothly -- particularly given all the changes needed in light of COVID. I know a lot changed with COVID during this block but thank you for being so flexible and helping us all continue to learn.”

“I was thankful and impressed with how quickly and smoothly the course was able to transition to online.”

“All of the clinical foundations faculty worked their butts off to make sure that we still got a great education during COVID and did a fantastic job.”
<table>
<thead>
<tr>
<th>Clinical Foundations Diversity Curriculum</th>
<th>CF1</th>
<th>CF1</th>
<th>CF1</th>
<th>CF2</th>
<th>CF2</th>
<th>CF2 &amp; 3</th>
<th>CF1, 2 &amp; 3</th>
<th>CF2</th>
<th>CF1 &amp; 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to Bias and Cultural Diversity</td>
<td>Introduction to Societal Problems</td>
<td>Medical History Taking with ESL Patient</td>
<td>Native American Perspectives Intro</td>
<td>Service Learning at the Pierre Indian Learning Center; Med Students put on a Health Fair</td>
<td>Women’s Prison in Pierre; Tour &amp; background information by the Warden, Nurse &amp; Social Workers</td>
<td>Nutrition; Students complete an implicit bias exercise related to weight</td>
<td>Professional Development Component: Students must document a patient encounter and/or an educational presentation from which they learned more about cultural diversity.</td>
<td>Implicit Bias Training: students complete 2 modules each semester</td>
<td>Cultural Sensitivity Journal Club</td>
</tr>
<tr>
<td>lecture</td>
<td>lecture</td>
<td>SP encounter</td>
<td>lecture</td>
<td>service learning</td>
<td>Tour, lecture, small group sessions with inmates</td>
<td>Large group discussion</td>
<td>Self-directed</td>
<td>Self-directed</td>
<td>Sm grp discussion</td>
</tr>
<tr>
<td>3 hrs</td>
<td>.75 hrs</td>
<td>.5 hrs</td>
<td>.75 hrs</td>
<td>2 hrs.</td>
<td>2 hrs.</td>
<td>.25 hrs.</td>
<td></td>
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<td>1 hr.</td>
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<tr>
<td>Dr. Mark Beard</td>
<td>Dr. Mark Beard</td>
<td>Dr. Roy Mortinsen</td>
<td>Dr. Donovan Williams</td>
<td>Dr. Roy Mortinsen</td>
<td>Warden, Nurse &amp; Social Workers, Inmates</td>
<td>Dr. Suzanne Stluka from SDSU</td>
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<td>Dr. Donovan Williams</td>
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</tbody>
</table>

*Optional activities, but students may receive points towards the Professional Development component of their grade in Clinical Foundations 2 & 3.*
New Directions/Future Goals/Objectives

This COVID pandemic has allowed us to continue to push innovation in our medical student’s education. In the future we will continue to use several of these innovations. For example, most of the lecture series have now turned into a flipped classroom exercise. A great example of this is during Clinical Foundations 1. During this semester the students learn physical exam skills that correlate with what they are studying in Anatomy. The lectures are all pre-recorded and the students know about the reading assignments ahead of time. Students have a summative assessment the day of class and then we go over the results and answer any further questions and solidifying concepts for them. Then that afternoon they apply what they have learned in small groups with an attending. The advantages of the flipped classroom are:

1. Students have more control.
2. It promotes student-centered learning and collaboration.
3. Lessons and content are more accessible.
4. It can be more efficient. Some students will need less time going over a concept than others and students can control the speed of content.

Another benefit to our future curriculum of going through the COVID pandemic is the ability to have more than just local faculty teach. Faculty and students can be about anywhere when we use ZOOM, Panopto, and other technologies giving us the ability to pull from a bigger pool of faculty that are willing to teach. Not only can the faculty be anywhere, but the students can too. This will hopefully decrease the driving time for them which has always been an issue.

Dr. Hearns and other attendings have mentioned in the past that the students perform a good history and physical exam (filling out the form) but it is their diagnostic reasoning that needs work. In an attempt to better prepare our students for Pillar 2 we have made a physical change to the way we teach how to perform histories. We are requiring our students to write 2 paragraphs for the History of Present Illness. The first paragraph records the open-ended questions and the 7 attributes of the present illness. The second paragraph records pertinent positive and negative historical information related to their differential diagnosis. This is requiring them to think of the possible reasons for the chief complaint before they get to the physical exam, not only in the written format but hopefully during the performance of the history and physical exam.

To continue to push our innovations in medical education, we will need 2 additional ultrasound machines to help teach our robust Point of Care UltraSound curriculum. The majority of our small group activities have 3 stations and we usually have 3 ultrasound instructors but only one adequate machine. The other 2 instructors have been making do with the borrowed ultrasounds from the anatomy department that have poor resolution and no color flow or doppler capabilities. They do not have the cardiac probe. We have recently purchased 2 hand-held devices that are good at quick looks but the batteries do not last and the image quality is not as good as the Sonosite X-Porte. We try to rotate our students, although some do not get the hands-on experience with the Sonosite machine. 2 additional machines would fill the gap that currently exists for about 2/3 of our student experiences.
Class of 2023 at the SD Capitol with Dean Mary Nettleman, Gov. Kristi Noem, Cathy Logue, Dr. Roy Mortinsen, & Dr. Susan Anderson

Governor Kristi Noem addressing the Class of 2023 during Legislative Day
Women from the Class of 2023 with Dean Nettleman during Pierre trip

Class of 2023: Service Learning Health Fair for the students of the Pierre Indian Learning Center
Class of 2023: Service Learning Health Fair for the students of the Pierre Indian Learning Center
CF 1 - Dr. Patty Peters has taught the Pregnancy and Labor and Delivery session for 30 plus years. This was her last session with the Class of 2024.
CF 1 & CF 3 - Dr. Mortinsen’s session on standard precautions and practice donning and doffing PPE – easy for students to see if they made a mistake by using chocolate syrup.

CF 3 - Airway Skills Lab
PILLAR 2
Family Medicine Preceptorship/Mini-Block

Submitted by: Susan M. Anderson, MD, Department Chair

History
This is the 73rd year of the Family Medicine Preceptorship/Mini-Block. There were 65 students placed in 30 sites in 29 communities from February 10 – June 19, 2020. It is three weeks in length and is a part of Family Medicine LIC during Pillar 2. This course was previously named the Family Medicine 2nd year Preceptorship and was four weeks in length.

Site Visits
Site visits are made to each teaching site approximately mid-way through the preceptorship by a faculty member of the Department of Family Medicine. The site visit is a mechanism to assess the students’ process, evaluate the sites, and show appreciation to the preceptors.

Course Goals
1. To provide students an early clinical exposure to the specialty of family medicine and to family physicians.
2. To provide students an opportunity to improve their interviewing and physical diagnostic skills.
3. To provide the opportunity for students to begin correlating their basic science knowledge with the clinical practice of medicine.
4. To offer students an opportunity to participate in the provision of patient care.
5. To encourage life-long learning.

Activities and Requirements
1. Observe preceptor(s) providing patient care in the ambulatory setting, hospital, and long-term care facility. This includes observing interpersonal skills, diagnostic and management skills.
2. Participate in the provision of patient care.
3. Perform a minimum of three comprehensive history and physical examinations. Complete H&P write-ups on a minimum of three of these patients for review and evaluation by the preceptor.
4. Be observed by the preceptor during patient encounters for a total of 3. This may be in the office, hospital or long-term care facility, may vary from a focused office visit to a more prolonged encounter, may be for an acute or chronic problem, or for a comprehensive history and physical examination.
5. Complete a minimum of six Aquifer Family Medicine cases and oral presentation skills that will cover most of the prevention basics of Family Medicine cases.
6. Complete the Student Patient Encounter Log (SPEL) documenting patient care experiences.
7. Students are encouraged to read about the illness of at least one patient seen each day
8. Take call in conjunction with the preceptor including a minimum of one weekday each week and one weekend (Saturday/Sunday) over the course of the 3 weeks
9. Complete the “MedStudent Partnership” activity

Future Goals
Continue to work with communities and physicians to ensure an adequate number of physicians active in teaching for the mini-block.
Longitudinal Integrated Clerkship

Submitted by: Valerie Hearns, MD, FAAFP, Professor and Vice-Chair, FM LIC Clerkship Director

Overview
Students were assigned to a Family Medicine clinical preceptor/instructor for this nine-month longitudinal clinical experience. Students were at the same site on the same half-day each week throughout the LIC. Students are expected to be involved in all aspects of patient care, including documentation. The longitudinal nature of the experience provides a greater opportunity for students to see patients and families over time and experience continuity of patient care. The continuity with the instructor is also beneficial to the student.

In addition to the clerkship director, each clinical campus has a designated FM campus coordinator. The FARM equivalent is the site coordinator at each FARM community.

Educational Sites
Our students have been taught by 34 different family physicians at 14 different clinics in Sioux Falls; 9 different family physicians at 6 different clinics in Rapid City; and 7 family physicians in Yankton. The FARM sites accounted for 10 students at seven sites. Teaching sites included clinics with affiliations at Avera Health, Sanford Health, Rapid City Monument Health, Yankton Medical Clinic, independent practitioners’ offices, Falls River Community Health, VA Community Based Outpatient Clinic at Dakota Dunes, and the Rapid City Family Medicine Residency.

Reading and Resources
Students were encouraged to use the AFP by Topic app designed by the AAFP to find evidence-based articles to read on core topics and on patient conditions seen in clinic. The spiral book Family Medicine, Ambulatory Care, and Prevention is also suggested as a reference text. Students were expected to complete the assigned Aquifer Family Medicine cases. Additional cases may also be completed at the student’s discretion.

While students were removed from clinical activities due to the COVID-19 pandemic, a self-directed, online curriculum was developed which utilized content from Aquifer cases, Access Medicine, STFM, Case Files, AAFP Clinical Preventive Services Recommendations, ACIP, and original case studies submitted by FM LIC coordinators.

The topics of study were:
- Common GI conditions, with review of the abdominal examination
- Smiles for Life, Oral Health Curriculum
- Common Respiratory Conditions
- Preventive Care and Wellness
- Completion of the required Pillar 2, online Aquifer FM cases, as stated in the Pillar 2 Student Handbook
**Evaluations**
- Students received formal feedback from their preceptors at mid-clerkship, end of clerkship, and during the required observed clinical encounter with accompanying write up.
- The NBME Family Medicine Shelf Exam was administered twice.
- Student progress is monitored monthly at LIC Coordinating Committee meetings.
- Student evaluations of the clerkship are monitored by the Office of Medical Student Education.
- Final grades are maintained by the OME, evaluation and assessment personnel.
Frontier and Rural Medicine (FARM)

Submitted by: Janet Fulk, Assistant Director FARM, Susan Anderson, MD, Director FARM

Overview
Frontier And Rural Medicine (FARM), the University of South Dakota (USD) Sanford School of Medicine's rural track medical student program, is a unique opportunity for a select group of Pillar 2 medical students to obtain nine months of their clinical training in rural communities across the state of South Dakota.

The USD Sanford School of Medicine (SSOM) has long been recognized for our excellence in rural medical education. This includes being consistently ranked by U.S. News and World Report as a "top 10" medical school for rural medicine. By establishing the rural track program we are building upon this tradition. The ultimate goal of the FARM program is to increase the number of primary care physicians who practice in rural South Dakota.

Through the FARM program, students will gain an understanding of the benefits of a rural lifestyle, learn the rewards and challenges of practicing in a rural community, engage with community stakeholders, and develop a level of comfort in practicing in a rural healthcare setting.

Our Communities
Our ongoing commitment and strategic priority of service excellence within the FARM Program is an active process of the Plan-Do-Study-Act (PDSA) improvement cycle. This service excellence includes an annual review of all participating communities, hospital services, and faculty to ensure the most comprehensive and comparable experiences which prepares medical students with a broad foundation, underpinning their medical careers – regardless of specialty or discipline of choice. The FARM communities for 2020 include:
- Milbank (1 student)
- Mobridge (1 student)
- Parkston (2 students)
- Pierre (2 students)
- Spearfish (1 student) – 2 students for 2021
- Vermillion (1 student)
- Winner (2 students)

FARM Students Clinical Experience
At their rural clinical sites, students participate in the full spectrum of rural medicine, as they provide supervised care to patients and their families over time in clinic, hospital, and extended care settings. Training in rural communities offers medical students the opportunity to experience increased hands-on education, gain an appreciation for the benefits of continuity in patient care, and develop strong bonds with instructors who mentor students on the professional and personal aspects of being a physician.

Community engagement is essential as students acclimate to their communities and students are encouraged to visit their communities ahead of their arrival for the FARM experience. In addition to providing housing for the students during their FARM experience, each facility offers opportunities for the students to be introduced to not only the facility, but to the community. Some of these opportunities include, introductions via newspaper articles in the local paper, interviews with local radio
stations and welcome receptions. Each facility also offers a standardized orientation to the facility and introductions to staff.

Students gain an understanding of the rewards and challenges of rural healthcare services, learning from their Physician Coordinator, other providers, medical staff and patients. Students assist in community health education and complete a community project as a part of the curriculum with the support of local and statewide stakeholders, such as the South Dakota Area Health Education Center (AHEC), South Dakota Department of Health, South Dakota Diabetes Coalition, South Dakota Foundation for Medical Care (SDFMC), South Dakota HOSA-Future Health Professionals, South Dakota Office of Rural Health, SDSU Extension, and the South Dakota Department of Social Services, just to name a few.

Learning is further enhanced through specialty clinics, academic faculty visits, on-line cases, small groups, case presentations, tele-medicine, and videoconferencing. Tele-Observed Structured Clinical Exam (OSCE) sessions and simulation events with the Pierre Rural Family Medicine residents, coordinated with the Parry Center for Clinical Skills and Simulation Center and USD SSOM faculty, are utilized for enhanced experiences.

National studies have demonstrated that students trained in rural track programs, such as FARM, perform at the same level as traditionally trained students on standardized and clinical skills testing. Current internal data concurs with this evidence.

**FARM Student Application and Completion Rates**

Medical students interested in FARM apply to the program in the fall of their first academic year. FARM program leaders, former students, and community representatives give a presentation to first-year students explaining the program in the fall. An application process follows for interested students, with applicants being interviewed by members of the FARM Program Selection Committee. Following the committees selection, students are matched with communities based on student preferences, with the goal to honor their first or second choices.

<table>
<thead>
<tr>
<th>Class of</th>
<th>Class Size</th>
<th>Number of Applicants</th>
<th>Accepted</th>
<th>Completed FARM</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>63</td>
<td>7</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>2017</td>
<td>57</td>
<td>6</td>
<td>6</td>
<td>6</td>
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<tr>
<td>2018</td>
<td>59</td>
<td>7</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>2019</td>
<td>71</td>
<td>9</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>2020</td>
<td>71</td>
<td>13</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>2021</td>
<td>71</td>
<td>15</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>2022</td>
<td>69</td>
<td>17</td>
<td>10</td>
<td>TBD</td>
</tr>
<tr>
<td>2023</td>
<td>69</td>
<td>18</td>
<td>11</td>
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</tr>
<tr>
<td>2024</td>
<td>70</td>
<td>11</td>
<td>11</td>
<td>TBD</td>
</tr>
</tbody>
</table>

*Table 1 FARM Enrollment Data*
FARM Specialties
FARM students have successfully matched each year since its inception and have gone on to residencies and practice in the following specialties:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine</td>
<td>15</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>2</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>1</td>
</tr>
<tr>
<td>OB/Gyn</td>
<td>5</td>
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<tr>
<td>Psychiatry</td>
<td>4</td>
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<tr>
<td>Dermatology</td>
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<tr>
<td>Anesthesiology</td>
<td>2</td>
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<tr>
<td>PM&amp;R</td>
<td>1</td>
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<tr>
<td>Ophthalmology</td>
<td>1</td>
</tr>
<tr>
<td>Pathology</td>
<td>1</td>
</tr>
</tbody>
</table>

Community Projects
The intent of the community project is to give back to the host community. Students do this by choosing a project that is relevant to their community, with the goal of promoting better health and wellness outcomes for members of the community. Projects have included postpartum depression screening and education, vaccination education, dementia education, skin cancer education in rural salons, Stop the Bleed training and partnering with organizations like Girls on the Run just to name a few. Many of these projects lead to opportunities for the students to not only present at the state and national level, but also opportunities to publish their work in medical journals and other publications.
Community Project Award

Each year, the South Dakota Association of Family Physicians (SDAFP) offers a $500 Award to one of the FARM students for an outstanding project. Selected faculty from within the USD SSOM evaluate the presentations.

The Class of 2021 presented the summation of Community projects in January 2020 under the same parameters as the previous class.

In 2020, the SDAFP FARM Community Project Award was awarded to Kristin Inman for her project engaging the residents of the local long term care facility in Winner, SD.

The South Dakota Foundation for Medical Care provides funds to support the work of individual student projects with an annual contribution of $10,000. This support offers students the opportunity to make a sizable impact on their communities.

Dr. Edward John Kaufman & Dr. Dorothybelle McCree Kaufman Scholarship

The seven students from the Class of 2018 were the first recipients of the Dr. Edward John Kaufman and Dr. Dorothybelle McCree Kaufman FARM Scholarship Endowment. This scholarship was created by Dr. Edward A. Kaufman and his wife, Martha, in honor of his parents’ commitment to their rural community. All FARM students receive this scholarship in addition to any other scholarships they are eligible for. Our sincere appreciation to Dr. & Mrs. Edward A. Kaufman for their ongoing support of rural medicine education.

Research Projects

Each cohort participated in a Healthcare Quality Improvement Project (HQIP). The various projects included work in postpartum depression screening and education, increasing vaccination rates, improving Type 2 Diabetes management, increasing depression screening in rural SD, early sepsis recognition, and managing gestational diabetes in rural SD. Students present their research findings in December of each year to their classmates and faculty.
FARM in Photos
Publications:
5. Kvigne V. Olson A. Rohls A. Zeigler C. Anderson S. Comparison of physical activity, healthy eating, knowledge of diabetes and prediabetes in a rural reservation and an off-reservation community. South Dakota Medicine, accepted for publication 2020.

Presentations:

Awards
Outstanding Community Project
Kristin Inman – Class of 2021
Rebecca Cooper – Class of 2020
Katherine Kondratuk – Class of 2019
Julia Nichols – Class of 2018
Brooke Jensen – Class of 2017

Alpha Omega Alpha Honor Society Inductees
Kristin Inman – Class of 2021
Geralyn Palmer – Class of 2021
Katherine Kondratuk – Class of 2019
Keely Krolkowski – Class of 2017
John Person – Class of 2017
George Ceremuga – Class of 2016
Dr. Jason Wickersham – FARM Physician/Coordinator - 2018

Gold Humanism Honor Society
Kristin Inman – Class of 2021
Faculty - 2017
Austin Eggers – Class of 2020 - 2019
Emily Endres – Class of 2019
Anna Bahnson – Class of 2019
Susan Wik – Class of 2019

Faculty Awards
Dr. Nanci Van Peursem – AOA Volunteer Clinical
Dr. Anora Henderson – Edward J. Batt Memorial
Jed Assam – Class of 2017
Ryan Buse – Class of 2017
George Ceremuga – Class of 2016

**Faculty and Staff**

- Susan M. Anderson, MD, Dean of Rural Health, FARM Program Director, Professor and Chair, Department of Family Medicine
- Janet Fulk, Assistant Director FARM, Department of Family Medicine
- Deb Wilka, Senior Secretary, Department of Family Medicine
Cultural Immersion

Submitted by: Jennifer Tinguley, MD, Associate Professor

Overview
The Cultural Immersion curriculum is designed to give medical students exposure to diverse cultures and apply their medical professionalism in diverse settings. Cultural Immersion Week consists of a full day of speakers from diverse backgrounds, a day at a Hutterite colony and an experience at a culturally diverse site. Students can choose among many different options for their cultural experience including American Indian reservations, facilities for individuals with disabilities, nursing home facilities, and agencies who work with immigrants and refugees. During their visit, students engage in community service and learning while directly engaging with a culture that may be unfamiliar to them. To document their experience, students keep a daily journal for the week and present a poster at the Beyond Borders Poster Presentation.

In 2017, the Muslim Community Center of South Dakota established and endowed funds to be named the Ibn Sina Scholarship Awards Endowment. The gift is made to honor the life of Ibn Sina, a famous Muslim physician of the 11th century with significant contributions in medicine. The endowment provides awards for students participating in the annual Cultural Immersion Poster Session. The three posters that receive the top scores as determined by faculty and student evaluations will receive a monetary award.

The recipients for 2020 were:
2nd place: Elise Blaseg and Morgan Schriever (SF): “Pathfinder Center: Creating a Culture of Hope”

Requirements
The students are expected to participate in all activities during Cultural Immersion Week. Students submit a journal documenting their experiences and personal reflection. All students are required to create a poster about their immersion experiences. The posters will be presented to faculty at their respective campuses.

Cultural Diversity Experience Objectives
At the conclusion of this weeklong experience concluding with the individual volunteer cultural activity, the student will be able to:
1. Describe healthcare delivery issues that are unique to diverse cultures represented in South Dakota communities.
2. Recognize and compare one’s own culture with the culture of study and appraise barriers to an openness to cultural diversity.
3. Identify a positive change to which the student contributed, if the student was involved in service learning during the experience.
4. Reflect upon and communicate attitudinal analysis with a goal toward behavioral change regarding the culture of study.
   a. Reflection on each day of Cultural Immersion Week through journaling.
b. Include potential personal biases and barriers to providing healthcare due to these biases. Present potential solutions to provide adequate healthcare despite personal biases

5. Using appropriate media display via a poster presentation, understand and portray an aspect of the cultural community of study explored during the volunteer cultural activity.
   a. Present an aspect of the community new to you
   b. Include the service you helped provide during your time in the community, if applicable
   c. Include statistics/research regarding healthcare in the community chosen
   d. Include a personal reflection of your experience at the site chosen

6. As a result of observation and participation, practice a broader understanding of human situations affected by cultural issues.

In addition, to the Cultural Immersion experience, the emphasis on understanding diversity is woven into the Pillar 2 curriculum with two Friday Academy sessions regarding Diversity topics and a third Friday Academy session dedicated to Veterans’ Health and Diversity.

### Sites Utilized in 2020

<table>
<thead>
<tr>
<th>Black Hills Works</th>
<th>Community Health Representatives</th>
<th>Greenwood Hutterite Colony</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pine Ridge Reconciliation Center</td>
<td>New Alternatives</td>
<td>Monument Home Health Plus Hospice</td>
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<tr>
<td>Rosebud- Tree of Life Ministry</td>
<td>SD Rehabilitation Center for the Blind and Visually Impaired</td>
<td>Pathfinder Center</td>
</tr>
<tr>
<td>Children’s Home Society</td>
<td>South Dakota School for the Deaf</td>
<td>Avera Prince of Peace Retirement</td>
</tr>
<tr>
<td>Oak Lane Hutterite Colony</td>
<td>SD Voices for Peace</td>
<td>Southeast South Dakota Activity Center</td>
</tr>
<tr>
<td>Dougherty Hospice House</td>
<td>WAVI</td>
<td>Canyon Lake Activity Center</td>
</tr>
<tr>
<td>DakotAbilities</td>
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</tbody>
</table>

### Accomplishments
- Cultural Immersion is now its own course in the Pillar 2 curriculum.

### Future Goal
As we look to 2021 as being the year in which a worldwide vaccination effort is underway to combat the COVID-19 pandemic, a discussion regarding vaccine hesitation among different cultures and ethnic groups will be part of the Cultural Immersion Week.
Beyond Borders
A Cultural Immersion Experience

Student Virtual Poster Sessions

Rapid City Campus and FARM students
Monday, October 19, 2020
8:00 - 9:30am MT
(9:00 - 10:30 am CT)

Yankton Campus and FARM students
Tuesday, October 20, 2020
10:00 - 11:30am CT

Sioux Falls Campus
Wednesday, October 21, 2020
9:00am - 12:00pm CT

All sessions will be via Zoom
Click on the locations above to join.
Beyond Borders Poster Session Itinerary Class of 2022

October 19, 2020 (Rapid City and FARM)
8:00 - 9:10am - Brain Meets Arthritis and Rural Maternal Health
Rapid City Health & Human Services Office of Human Services
8:10 - 9:20am - Robin Hanssen, Scott Highsmith, and Brian Willoughby
Rapid City Health & Human Services Office of Human Services
9:20 - 9:30am - New Alternatives
An Interview with Community and COVID-19: How NeighborLink is Adapting to Serve Vulnerable Populations
9:30 - 9:40am - Dinner
Rapid City Health & Human Services Office of Human Services
9:40 - 10:50am - Caregiver Support: An Empowerment Model for Community Health
An Interview with a Caregiver Support Model for Community Health
10:50 - 11:10am - Fire Prevention: How NeighborLink is Adapting to Serve Vulnerable Populations
11:10 - 11:30am - Lunch & Break

October 20, 2020 (Yankton and FARM)
10:00 - 10:30am - Java Ponder and检验者Prudence
Anne Prince of Peace Retirement Community
Collaborating Community Among Advocates
10:30 - 10:50am - Sarah Loveless, Michelle Oliver, and Jaren Van Hove
Davenport Health House
Davenport Health House COVID-19 Pandemic: A Story of Impact on Our Community
10:50 - 11:00am - Dwayne Porter and Katheryn Skellett
South Dakota for Peace
COVID-19 Pandemic: A Story of Impact on Our Community
11:00 - 11:30am - Dinner
11:30 - 12:00pm - Andrea Prince of Peace Retirement Community
Collaborating Community Among Advocates
12:00 - 12:30pm - Andrea Prince of Peace Retirement Community
Collaborating Community Among Advocates
12:30 - 12:45pm - Lunch & Break

October 21, 2020 (Sioux Falls)
9:00 - 9:10am - Dan Duggan and Jackson Allie
Fargo Health
Fargo Health
9:10 - 9:20am - Zachary Daubert, Kelsee Barlow, and Nicole Rogers
Anne Prince of Peace Retirement Community
Collaborating Community Among Advocates
9:20 - 9:30am - Ben Lee and Erika Ekberg
Pine Ridge Hospital and Federal Health Care
Conversations and collaboration on the Frontline of the COVID-19 Pandemic
9:30 - 9:40am - Dinner
9:40 - 10:50am - New Alternatives
An Interview with the Pine Ridge Community Health Center and the Pine Ridge Indian Reservation
10:50 - 11:00am - Michelle Slack and Erika Ekberg
Pine Ridge Hospital and Federal Health Care
Conversations and collaboration on the Frontline of the COVID-19 Pandemic
11:00 - 11:15am - Lunch & Break

SUNDAC
SPARC Advisory, Tik Peck (Chair) of COVID-19 Sioux Falls
11:15 - 11:30am - Andi McGee and Jimmy Rosendale
Sioux Falls
Andi McGee and Jimmy Rosendale
11:30 - 11:45am - Joe Hanley and Emily Czaja
Sioux Falls
Joe Hanley and Emily Czaja
11:45 - 12:00pm - Lunch & Break

Children’s Home Society
Children’s Home Society of South Dakota: Compassion in Care
OSCE

Submitted by: Valerie L. Hearns, MD, FAAFP, Professor and Vice-Chair, OSCE Director

OSCE (Objective Structured Clinical Examination) is a multi-station, clinical skills assessment method that is based on objective testing and direct observation of student performance. Studies have shown that this is a valid method to assess clinical skills and competencies that are fundamental to the practice of medicine. The University Of South Dakota Sanford School Of Medicine administered its first OSCE on August 10, 1996, to students at the end of the third-year of medical school. The event has occurred yearly since that time. The OSCE expanded in 2002 by using standardized patients to portray medical conditions. In 2013, the OSCE further expanded by partnering with the Parry Center for Clinical Skills and Simulation as the permanent home. This allowed the inclusion and use of state-of-the-art clinical testing software, infrastructure, and high fidelity patient simulator manikins.

What components make up an OSCE?
The end of Pillar 2 OSCE consists of six clinical stations utilizing standardized patients and/or simulators and covers a range of common medical conditions affecting various age groups and genders. Interpretation of radiographs, EKG’s, and other tests may be included as a separate station. Competency skills assessed in detail include patient care, medical knowledge, interpersonal and communication skills, and professionalism.

How is the OSCE graded?
OSCE stations are monitored by trained observers who score the student’s performance on history taking, physical examination, information sharing skills, and interpersonal skills. The graders use an approved checklist for each station to score the student’s performance.

OSCE stations are followed by a post encounter activity, which is typically documentation of a patient progress note. Interpreting findings or answering quiz questions can also be expected. The post-encounter activities are also graded. The standardized patient evaluation of student checklist score is also part of the interpersonal and communication skills competency course grade.

How does the OSCE benefit medical students and SSOM?
All students are required to pass this OSCE or remediation in order to graduate. This OSCE is helpful in preparing students for the USMLE Step 2 CS and in reflecting the curriculum at the University Of South Dakota Sanford School of Medicine. In 2020 USMLE Step 2 CS was suspended due to the COVID-19 pandemic; however the majority of our students were able to complete the exam prior to the suspension. All of these students passed Step 2CS on the first attempt. There were six students from the Class of 2021, who were not able to take the exam due to the suspension. Students also experience other OSCE-type learning activities earlier in their medical training before the high stakes OSCE. Dr. Hearns and the OSCE committee created a Practice OSCE case bank for use by all clinical campus administrators and coordinators to help prepare our students for the high stakes OSCE. The Practice OSCE activities at the remote clinical campuses have benefited from B-line software advances that allow for remote use for note writing and grading.
**Scholarly Projects**
Class of 2021 students Logan Radtke and Matt Lommen expanded upon the SPP project started by Sarah Scott, Class of 2020. They successfully added several additional cases that focused on societal problems to the original case bank. The expansion of this SPP project that focused on development of the video enhanced Notewriter case bank for use by our students to improve their patient note writing skills, is beneficial for our high stakes OSCE and Step 2 CS exams. Dr. Hearns and Dr. Kozmenko served as mentors. The work entitled *An Innovative self-directed video-based course to improve medical students’ note writing*, was accepted for poster presentation at the 2020 CGEA Annual Spring Conference under the Innovations category; however, the conference was canceled due to the COVID-19 pandemic. After three years of collecting data from the Evidence Based Medicine demonstration activity held during the practice OSCE, we are ready to analyze and write up our findings with our medical librarians, Shelia Vacek and Rachael Lebo taking the lead.

**Who oversees and organizes the OSCE?**
Sanford School of Medicine faculty and staff with special knowledge and interest in clinical skills assessment formed a committee that is charged by the Office of Medical Student Education to plan, design, and implement all activities necessary to conduct the OSCE.

2019-2020 committee membership:
Dr. Valerie Hearns (OSCE Director and Committee Chair), Dr. Mark Beard, Dr. Brad Kamstra, Dr. Val Kozmenko, Dr. Delf Schmidt-Grimminger, Dr. Kimberly Woolhiser, Dr. Jennifer Hsu, Brian Wallenburg, Julie Swenson, Shelia Vacek and staff support from Amanda Howard and Deb Wilka.
Aquifer Family Medicine (formerly fmCASES)

Submitted by: Valerie L. Hearns, MD, FAAFP, Professor and Vice-Chair

Overview
Aquifer cases are designed to be the interactive, virtual patient program for the Family Medicine LIC clerkship. It is part of the Aquifer set of cases, which includes Aquifer Pediatrics, Aquifer Internal Medicine, and Surgery’s WISE-MD. The University of South Dakota Sanford School of Medicine has an institutional Aquifer subscription. Dr. Valerie Hearns serves as the Program Service Administrator and is responsible for keeping the subscriptions current, approving instructors and administrators, and being the first point of contact with Aquifer.

Aquifer Family Medicine content is designed to reflect the learning objectives of the STFM Family Medicine Clerkship Curriculum. The cases help students “build competency, fill educational gaps, and help instill core values and attitudes of family medicine.” In addition, the cases foster self-directed and independent study while building clinical problem skills. Evidence based and patient centered approaches to patient care are addressed with these cases. The Aquifer cases played a significant role in the alternative COVID curriculum for Pillar 2 and Pillar 3 students. An Aquifer Grant in the amount of $3850 expanded our institutional subscription to include Aquifer Geriatrics at no additional cost.

Cases
Students are assigned 13 of the 40 available Aquifer Family Medicine cases. The selected cases are distinct from those required for completion for Pediatrics, Surgery, and Internal Medicine clerkships. This provides a well-rounded overall selection for the required cases for the LIC.

The current Aquifer Family Medicine titles for completion are:
- 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 care 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*

Case completion is initially monitored by the clerkship assistants, education assistants, and LIC education coordinators. Reports are then generated for review by the LIC Coordinating committees.

Cases marked with an asterisk* are expected to be completed during the rural preceptorship/FM miniblock.

The Aquifer Oral Presentation Skills module is also assigned to be completed during the miniblock.
PILLAR 3
Emergency Medicine

Submitted by: Arleigh Trainor, MD, Assistant Professor and Chief, Division of Emergency Medicine

Overview
Pillar 3 Emergency Medicine Clerkship is a required 3 week rotation to expose medical students to Emergency Medicine.

Emergency Medicine is a distinct specialty that focuses upon the initial evaluation, diagnosis, and stabilization of patients with acute illnesses or injuries that they are not exposed to on any other rotation.

The EM physician initiates treatment, involves consultants, makes disposition decisions, and makes appropriate follow-up arrangements for patients discharged from the ED.

There are five areas of specialized expertise specific to EM which separate the EM physician from other disciplines: Pre-hospital Care and EMS Systems, Resuscitation Medicine (Medical, Trauma, and Pediatric), Toxicology, Disaster Management, and Environmental Emergencies.

Emergency Medicine is a relatively new field that is still growing and evolving rapidly which provides students with a unique approach needed to access and utilize up to the minute information. Students are also instructed how to work up and treat patients in parallel and not in series for their differential diagnoses. We are also one of the few specialties that interacts extensively with every other medical specialty, and students will be exposed to and expected to emulate this on their rotation. There are a wide variety of skills and populations they are being exposed to at the “front door” of the medical system.

Requirements
On this rotation students will advance their clinical practice by:

• Building a differential diagnoses list on the undifferentiated acutely ill patient
• Committing to evidence based workups and treatment decisions
• Developing appropriate plans for patient care
• Communicate with multiple disciplines to facilitate care and disposition
• Learning and performing a variety of procedures
• Exposure to patient flow and the management of flow
• Instilling comfort and confidence in our patients during their time in the ED

Accomplishments

• Modify student manual
• Evaluation tool update to move to online format and release to all sites with video orientation
• Expand exposure through pillars
• Updating of website
Future Goals

- Complete website update
- Expand use of FOAM to link multiple rural sites – used now in time of COVID; will keep some aspects
- Coordinate with associated specialty for skills night – on hold for COVID
- Consortium member for NCAT evaluation tool
- Discussion task for societal pressures and resources
- Familiarize with drug monitoring systems in the state
- Continue to expose to national research
Rural Family Medicine

Submitted by: Rachel Sunne, MD, Associate Professor

Overview
The Pillar 3 Rural Family Medicine Clerkship is sponsored by the Department of Family Medicine, University of South Dakota Sanford School of Medicine. This is a four-week required Family Medicine rotation for the Pillar 3 medical students. Students will receive four credit hours for the clerkship.

This program has been developed and restructured to provide Pillar 3 medical students exposure to rural medicine under the direct guidance of rural family physicians. Students are expected to participate in the management of common problems seen by family physicians and those problems that are more particular to or require special consideration in a rural health care setting.

Course Goals
1. To provide a model for the provision of quality family medical care in rural South Dakota communities.
2. To provide a model for the provision of comprehensive and continuous care in the context of the family and community.
3. Discuss the diagnosis, management, and prevention of common societal problems encountered in a Family Medicine practice, such as obesity, smoking, domestic abuse, suicide, and substance abuse.

Activities and Requirements
1. Clinical Activities
   a. Hospital rounds
   b. Clinic
   c. Call
   d. SPEL Database – minimum of 20 SPEL entries is mandatory
   e. Address societal problem (obesity, smoking, domestic abuse, suicide, or substance abuse)
2. Case Presentation
   a. Each student is expected to present and discuss a case that is of interest to him/her with a faculty member of the Department of Family Medicine. The student is allowed 20 minutes to present the case; then, 10 minutes to discuss the case with the faculty member.
3. Students are required to write a paper about a unique aspect related to the management of a specific medical problem in rural practice or discuss the unique aspects of this site with the referral network that is available. The required paper needs to include, in addition to the primary theme, one societal problem (obesity, smoking, domestic abuse, suicide, or substance abuse), including the available resources for prevention and treatment in a rural area. There are six possible themes for the paper which are:
   a. Evaluation and management of a medical/psychosocial problem in the context of the family, work place and community.
b. Management of an acutely ill or severely traumatized patient including the appropriate utilization of tertiary care services.

c. An expanded discussion of a home visit. This is to include the circumstances leading to the visit (e.g., recent discharge from the hospital after a CVA, etc.), the home setting, a report of the assessment including the specific problems identified, the plan to address the identified issues, family support, etc.

d. Discussion of the unique aspects relating to the management of a specific medical problem in rural practice. Relate this to a patient for whom you were involved in providing care.

e. A discussion on the unique aspects of rural practice including referral networks. Include a specific description of your clerkship site: the community, practice site (i.e., two family physician practices, 30 bed hospital with 2 bed intensive care unit, laboratory and radiologic capabilities, etc.), other available health care resources (e.g., physical therapy, occupational therapy, nursing home, etc.), presence or absence of system affiliation, and referral practices of the practice.

f. Report of a community project conducted while on the clerkship (e.g., why was a project selected, how was it conducted, results). If a student has an idea for a paper but questions whether it would fit the above guidelines or otherwise be acceptable, the idea is reviewed by the Clerkship Director.

**Evaluations**

As with all required clerkships, SPEL requirements are set and monitored. Students receive formal, formative mid-clerkship evaluation. Final evaluation is written by the respective preceptor and grades are tabulated in the Family Medicine Department.
Family Medicine Sub-Internship (Sub-I)

Submitted by: Valerie L. Hearns, MD, FAAFP, Professor and Vice-Chair, Pillar 3 Electives Coordinator

Overview
The Family Medicine Sub-I was created to provide a Pillar 3 medical student with experience as an acting junior intern within a Family Medicine hospital teaching service. The duration of the Sub-I is four weeks. Students assume primary care responsibilities for patients on the inpatient service under the supervision of attending physicians and supervising upper level residents. Activities include daily rounds as part of the team, including weekends. Students also help prepare select patient problems for group discussion at weekly noon conferences and actively participate in the presentations.

Educational Sites
The Family Medicine Sub-I is offered at two locations:
- Sioux Falls Family Medicine Residency (CFM), under the direction of Amy Hogue, MD.
- Rapid City Regional Hospital Family Medicine Residency, under the direction of Kyle Adams, DO.

Students
Eight students in the Class of 2021 selected Family Medicine to fulfill their sub-internship requirement.

Evaluations
- As with all required clerkships, SPEL requirements are set and monitored.
- Students receive formal, formative mid-clerkship evaluation.
- Final evaluations are written by the respective Sub-I directors and grades are signed by the Family Medicine Sub-I Director, Dr. Valerie Hearns.
- Grade distribution: final grades are maintained by the OME, evaluation and assessment personnel.
Healthcare for the Underserved Elective

Submitted by: Susan M. Anderson, MD, FAAFP, Chair & Professor

Overview
Education in:
1. Care of the underserved
2. Cultural sensitivity
3. Public health, plus service learning in providing care to the underserved.

Objectives
Following completion of the Family Medicine elective, Health Care for the Underserved, the student will be able to:
1. Describe the need for and associated challenges in providing health care to the underserved.
2. Identify health care and other supportive community resources available to the underserved.
3. Reflect on the impact of cultural issues on the provision of health care to underserved families.
4. Assess public health issues important to our community and state, particularly, as they relate to health care for the underserved including health disparities.
5. Provide culturally-sensitive health care to a variety of patients.
6. Develop an intervention to address one aspect of a health care issue adversely impacting the underserved.

Students
2019: 8
2020: 14* (10 are FARM students who did the COVID “volunteer” prep)
2021: 10

Requirement
Write a paper addressing one of objectives 1-5 and 6; OR a case study of an individual or family and a suggested intervention to improve his/her (their) health or health care.

Activities
1. Provide care at Falls Community Health.
2. Provide care at the Avera McKennan Hospital Health Care Clinic.
3. Make a home visit to a Falls Community Health patient/family.
4. Coyote Student Clinic.
5. CFM/Sanford OB Clinic for Family Medicine.
7. Provide home hospice services through Avera Visiting Hospice, Dougherty House.
8. Perform blood pressures and glucose checks at the Banquet.
9. Children’s Inn – Tour of the facility, and an overview of domestic violence, the clients they serve, and the services they provide.
10. Sanford Home Care.
11. Sanford Interpreting.
13. Other sites as available, such as underserved rural clinics.
Reading
1. Recommendations for Improving Care of Homeless Women
2. Medical Care for Immigrants and Refugees
3. Case Studies in International Medicine
4. Care of the Incarcerated Patient
5. The Homeless in America: Adapting Your Practice
6. Care of the Military Veteran: Selected Health Issues
Sports Medicine Elective

Submitted by: Susan M. Anderson, MD, FAAFP, Chair & Professor

Overview
This rotation is a multidisciplinary exposure to the broad field of sports medicine. The student may have the opportunity to participate in both training room activities and event coverage at the high school level. In the course of the rotation, the student may be exposed to sports medicine from the standpoint of the athletic trainer, physician, sports medicine specialist, physical therapist, psychologist, and exercise physiologist. At the completion of the rotation, the student should have formed an approach to the evaluation, management and rehabilitation of injured athletes as well as the role of exercise in the management of various acute and chronic medical conditions.

Instructors
Dr. Verle Valentine/Dr. Donella Herman – FAMP 853-3 Sports Medicine Sanford Sioux Falls
Dr. Hollan Harper – FAMP 833-5 Sports Medicine Rapid City
Dr. Jacob Miller – FAMP 833-6 Sports Medicine Aberdeen
Dr. Sam Schimelpfenig – FAMP 853-7 Sports Medicine Avera Sioux Falls

Students
2019:  23 (Sanford 5, Rapid City 4, Avera 14)
2020:  14 (Sanford 6, Rapid City 3, Aberdeen 1, Avera 4)
2021:  19 (Sanford 9, Rapid City 5, Aberdeen 3, Avera 2)

Evaluations
An evaluation at the end of the elective rotation is completed by the instructor along with an assigned grade.
Research in Family Medicine I and II Electives

**Objectives**

This elective will provide an opportunity for third and fourth year medical students to learn new research skills or improve research skills previously learned. This research is to be done in an area relevant to family medicine and under the mentorship of faculty from the Department of Family Medicine. Students often utilize this elective to further research they have already started and/or present that research at a national meeting.

**Students**

In calendar year 2020, twenty-four students elected to take the Research in Family Medicine course. This compares to the twelve in 2019, and two students that are slated to take the course in 2021.
Telemedicine Elective

Coordinator: Kelly Rhone, MD, Assistant Professor

Overview
Telemedicine is an emerging technology that has tremendous potential to improve the delivery of healthcare to medically underserved communities. Avera has a wide array of telehealth services that will expose the student to a number of different clinical scenarios.

This elective will allow medical students to participate in telemedicine “eCare” services including eEmergency, eBehavioral Health, and eICU, which connect tertiary-based specialists with emergency medicine and intensive care units in rural communities.

Objectives
At the completion of this elective, the medical student will be able to:
1. Recognize the need for and benefits of telemedicine in improving patient care in rural South Dakota locations.
2. Demonstrate the operation of available technologies for providing telemedicine.
3. Participate in the diagnosis and management of a patient case originating from a remote site.

Requirements
Students may select from one of the following (3-4 page paper):
1. Case report- Describe a clinical case in which telemedicine had a significant effect on patient care.
2. Describe an aspect of telemedicine, either current or future, which interests you.

Students
In calendar year 2020, ten students elected to take the Telemedicine course. This compares with eleven students in 2019, and nine are slated to take the course in 2021.
Native American Healthcare

Objectives
A one to four week experience during which the medical students participate in providing supervised patient care to Native American patients in SD reservation-based healthcare facilities. Students work with physicians and providers, and they are exposed to the range of medical specialties at the facility. Coordination and provision of patient care within the facility is emphasized. Students learn about and better understand Native American culture, health disparities, and health-related issues experienced by Native American peoples. Students will become familiar with culturally appropriate ways of communicating with this Native American patient population.

- Students will be provided with a rich experience in the management of severe chronic diseases including diabetes, cardiovascular disease, depression and substance abuse.
- Students will be overseen by physicians.
- Students will be taught the process for completing an abbreviated examination so that they can present the patient to the provider, after which the provider will also see the patient and they will then compare their impressions and recommendations for the patient’s treatment.

Current Instructors
Dr. Cindi Pochop – Eagle Butte Indian Health Service
Dr. Dale Vizcarra – Eagle Butte Indian Health Service

In Summary,
We are extremely excited about this experience for the medical student, as we believe it is unique from other student clinical experiences, and will give the student a clearer impression of practice in a rural community clinic. We continue to visit with other sites as potential hosts for this elective.

Students
2019: 4
2020: 1
2021: TBD (registration on hold due to COVID)
Chronic Pain and Drug Dependent Elective

Coordinator: Craig Uthe, MD, Clinical Professor

Objectives
This clerkship allows medical students to learn from and participate in the care and management of patients with chronic pain and/or drug dependence. Over this two-week course, students gain valuable experience addressing the challenging work of alleviating pain while mitigating opioid overdose risks. Students gain an understanding of the differences between opioid dependence, opioid use disorder, and addiction. Allopathic (traditional) and integrative (alternative) medicine pathways are explored in this course. Settings include medical clinics, methadone treatment centers, medical centers and other treatment facilities that address patients with chronic pain.

Activities
1. Integrative Medicine Clinic
2. Falls Community Health Clinic- Allopathic Medicine (Medication Assisted Therapy)
3. Sanford Pain Center- Chronic Pain Clinic
4. Avera Medical Group Integrative Medicine- Allopathic Medicine (Acupuncture)
5. Methadone Clinic
6. Midwest Health Management Services- Chronic Pain in the Health Professional
8. Sanford Spine Center – Interventional Physiatry
9. Active Spine Chiropractic Clinic

Students
One Pillar 3 student participates in this two-week elective at a time. Each day (and sometimes half-day), the student experiences a unique medical experience with different health care professional/clinician in each setting. The course is tailored to the student’s medical specialty interest as much as possible. Students record their experience in a journal during the two-week course and provide a paper or presentation at course completion.

In calendar year 2020, six students elected to take the Chronic Pain and Drug Dependent course. This compares with ten students in 2019, and eight are slated to take the course in 2021.
Health Policy and Physician Leadership Elective

Coordinator: Daniel Heinemann, MD, Clinical Professor

**Objectives**
The purpose of this course is to expose the learner to broad concepts in healthcare system science, quality & safety, value & equity, and politics & law. The skills acquired from the course will enable the learner to begin his/her residency with an understanding of the skills requisite of a physician leader, the importance of quality/safety in medicine, the importance of advocating for policies that improve patient care and safe medical care.

**Activities**
1. Advocacy, Practice Advancement and Policy
2. Private Health Insurance and the ACA
3. Political Action Committees
4. Good Samaritan National Campus- Long Term Care
5. Lobbying and Political Action Committees
6. Legislative Session in Pierre
7. Quality Measurements
8. Visit with the Department of Social Service around Medicaid
9. Visit the South Dakota Department of Health and the Health Lab
10. Licensing, Privileging and Credentialing
11. Understanding the issues related to Rural Health Care

**Students**
In calendar year 2020, four students elected to take the Health Policy and Physician Leadership course. This compares with eight students in 2019, and four are slated to take the course in 2021.
One Health Elective

One Health stresses the linkages between human, animal and environmental health. Interdisciplinary communication and collaboration are necessary to address health issues such as zoonotic diseases. Particularly in a rural state, students need to be prepared to prevent, diagnose and treat zoonotic disease. As the world’s population becomes more mobile, information regarding the relationship among various key One Health stakeholders locally and globally enhance the students’ knowledge base. Students select from a menu of experiences with large and small animal health providers, the state diagnostic lab, the Great Plains Zoo and other One Health stakeholders. This is a 1 to 2-week elective with 1 or 2 students. It is offered February through November. As a requirement of the elective students suggest/develop an educational intervention for human or animal health providers, or livestock producers keeping in mind the One Health concept.

Objectives –
1. Describe the relationship among various key One Health stakeholders locally and globally.
2. Understand the structure and responsibility of the public health system, including the local, state, and national levels of government.
3. Demonstrate a basic understanding of pre- and post-production food safety including food systems, in particular animal source foods, in human health and disease.
4. Understand the role of environment on human health. (ie. Water quality)
5. Understand prevention of animal-related injuries.
6. Demonstrate a basic understanding of zoonotic and vector borne disease.
7. Describe the human-animal bond and the role of service, therapy and emotional support animals.
8. Suggest/develop an educational intervention for human or animal health providers, or livestock producers.

Opportunities include:
Pipestone Veterinary Services (large animal)
Small animal practice
Great Plains Zoo veterinarian and staff
Public Health Nurse
SDSU Diagnostics lab
GFP wildlife surveillance
Department of Health disease intervention specialists
SD Animal Industry Board area vets
Humane Society/ animal control
Water Quality Surveillance

Students:
2020: 5
2021: 9
STUDENT ACTIVITIES
Emergency Medicine Interest Group

Submitted by: Arleigh Trainor, MD, Assistant Professor and Chief, Division of Emergency Medicine

Overview
The Emergency Medicine Interest Group (EMIG) is a student run and directed group dedicated to Emergency Medicine. They are now completing four years of existence and dealing with the challenges and opportunities this brings; it is proving to be successful. Student leaders are learning how to develop this to suit the special needs that a rural, multi-site campus presents. They have meetings every other month, which have included:

1. Meeting in conjunction with SDACEP
2. Advising talk from the student to just matched in EM
3. Virtual meeting with reps at SAEM conference
4. Virtual simulation night

They are re-submitting/updating grant funding report. This was an excellent experience in grant writing for the current president.

Services
Access for students interested in exploring Emergency Medicine as a career. Skills lab night. Community service project.

Accomplishments
1. Grant update
2. Integrating across disciplines

Future Goals
Continue to expand on these goals:
1. To promote growth of emergency medicine education at the medical student level
2. To identify new educational methodologies advancing undergraduate education in emergency medicine
3. To support educational endeavors of an EMIG
4. Establish mission statement and goals
5. Set up community project, working on expanding Mike Frost’s project through the group
6. Trouble shoot how to use technology to improve attendance and access to meetings
7. Explore national conferences to attend
8. Appeal to other funding sources
Family Medicine Interest Group

Submitted by Carl Lang, MS III, Class of 2022 & Rebecca Buechler, MS II, Class of 2023

Overview:
Medical specialty interest groups are prevalent on medical school campuses across the country, providing forums for students interested in particular areas of medicine. Through these groups, students cultivate their interests and leadership potential, get involved in community service and mentoring activities, and focus on their future as physicians. The USD SSOM Family Medicine Interest Group has been active for many years. Since at least 2002 the group has received a grant from the National AAFP to help with expenses. The SDAFP also helps with expenses on an as needed basis.

Resource to Students
Family Medicine Interest Groups (FMIGs) are an excellent resource for students interested in exploring family medicine in an informal, but educational (and fun!) setting. The USD SSOM FMIG provides programming and information that may not be offered in the medical school curriculum. Medical students hear about the history of family medicine and its future and are exposed to a wide range of clinical skills and procedures important to family physicians. They also have the opportunity to interact with current family physicians in an informal setting. The AAFP provides resources for the activities.

Accomplishments
A national FMIG network facilitates the communication and sharing of best practices among FMIGs across the country via emails and a list serve. The USD SSOM FMIG has engaged in many worthwhile activities, such as:

- Conducting clinical skills workshops with residents and physicians in the community. The USD SSOM has at least one clinical skills workshop per year.
- FMIGs receive national recognition from the AAFP and encourage medical students to attend the National Conference of Family Medicine Residents and Medical Students.
- Participation in an FMIG also affords the opportunity for leadership development through a variety of volunteer roles.

Class representatives:
Ty Moody, Class of 2021
Carl Lang, Class of 2022
Rebecca Buechler, Class of 2023
Alaire Buysse, Class of 2024

Activities
- A “Match Panel” was held with Family Medicine-matched fourth year medical students of USD SSOM in the spring for students to discuss navigating residency applications, residency decision making, and recommendations on clinical coursework.
- Dr. Tim Donelan, who is a Sioux Falls family medicine physician, spoke to the USD SSOM in a virtual platform about the business aspect of medicine this past May. It was well attended with students from each class attending the session. Topics discussed were healthcare in medicine, financial challenges in medicine, and how to improve primary care.
• Local family physicians alongside Sioux Falls and Rapid City Family Medicine residents virtually of patient encounters as well as unique learning opportunities that has shaped their personal and professional lives.
• FMIG, the Department of Family Medicine and the SDAFP facilitate student participation in regional and national meetings. This year, the AAFP National Conference of Family Medicine Residents and Medical Students was held virtually. Eight students attended the conference July 30-August 1, 2020. Those students were Casey Hanson (2021), Carl Lang (2022), Elise Blaseg (2022), Meredith Keith (2023), Danielle Mack (2023), Meghan Grassel (2023), Rebecca Buechler (2023), and Jadah Thaemert (2023). Carl Lang (2022) was selected as a Family Medicine Leads scholarship recipient, which covered the cost of this virtual conference. Again, we thank the SDAFP for helping sponsor the students’ attendance.
• The Family Medicine Midwest Conference is being held virtually November 13-15, 2020. There are currently seven students registered to attend this conference.
• On November 19, the FMIG will be hosting another virtual event that will highlight two family physicians’ careers in a rural community of South Dakota.
Recognition and Appointed Offices

South Dakota Academy of Family Physicians Board of Directors:

- Abby Serpan, MD – CFM resident
- TBD – RCRH resident
- Carl Lang – Class of 2022
- TBD – medical student

Family Medicine Interest Group Representatives:

- Alaire Buysse, Class of 2024
- Rebecca Buechler, Class of 2023
- Carl Lang, Class of 2022 * delegate to National AAFP Conference
- Ty Moody, Class of 2021
- Rebecca Cooper, Class of 2020
Conference Scholarships for Residents and Medical Students

For over 40 years, the American Academy of Family Physicians has held a National Conference of Family Medicine Residents and Medical Students. This annual meeting held in Kansas City, Missouri, is the largest gathering of its kind in the country. The conference has a wide range of educational programs, leadership activities and networking opportunities. Family Medicine leaders as well as representatives from over 300 Family Medicine Residency Programs will be attending the conference.

The Department of Family Medicine, the South Dakota Academy of Family Physicians, and the South Dakota Foundation of Family Medicine have been offering scholarships since 2005 for students to attend the AAFP National Conference of Family Medicine Residents and Medical Students. Students are asked to submit a brief letter indicating interest in attending the conference and why they believe it would be valuable to them.

<table>
<thead>
<tr>
<th>Year</th>
<th>Students Attended</th>
<th>Residents Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>6 students attended (1-MSII, 5-MSIII)</td>
<td>3 attended a Family Medicine Residency</td>
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<tr>
<td>2006</td>
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<td>2007</td>
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<td>2009</td>
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<tr>
<td>2011</td>
<td>4 students attended (3-MSIII, 1-MSIV)</td>
<td>3 attended a Family Medicine Residency</td>
</tr>
<tr>
<td>2012</td>
<td>10 students attended (3-MSII, 4-MSIII, 2-MSIV)</td>
<td>4 attended a Family Medicine Residency</td>
</tr>
<tr>
<td>2013</td>
<td>3 students attended (1-MSII, 2-MSIV)</td>
<td>2 attended a Family Medicine Residency</td>
</tr>
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<td>2014</td>
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<tr>
<td>2016</td>
<td>9 students attended (4-MSIII, 5-MSIV)</td>
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<td>9 attended a Family Medicine Residency</td>
</tr>
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<tr>
<td>2019</td>
<td>6 students attended (1-MSI, 5-MSIV)</td>
<td>5 are attending Family Medicine Residency*</td>
</tr>
<tr>
<td>2020</td>
<td>8 students attended (5-MSII, 2-MSIII, 1-MSIV)</td>
<td>*</td>
</tr>
</tbody>
</table>

*All students who attended the conference have not graduated and matched with a residency.
GRADUATE MEDICAL EDUCATION
Sioux Falls Family Medicine Residency Program

Our Mission
To train allopathic and osteopathic Family Physicians – emphasizing excellence in evidence-based medicine, patient care, and community service – in preparation for practice in South Dakota and other areas of the rural Upper Midwest.

Welcome
The Sioux Falls Family Medicine Residency program has been an important part of molding the lives and careers of young physicians since 1973. The combination of hands on training with experienced doctors, dedicated nurses, a well-rounded training program and cutting edge technology makes this program a leading choice for those interested in pursuing family medicine. Located at the Center for Family Medicine, residents will enjoy the learning experience and the friendly atmosphere.

The program is sponsored jointly by Avera McKennan and Sanford Health Hospitals, which allows residents the access to leading health care systems in the region. In addition, the program is affiliated with the University of South Dakota Sanford School of Medicine. All of these factors, along with the fact that the Program is fully accredited, make the Sioux Falls Family Medicine Residency program a Great City, Great Residency, Great Choice!

Teaching Sites
The Sioux Falls Family Medicine Residency is sponsored jointly by Avera McKennan and Sanford Health Hospitals (combined bed capacity nearly 900), and is affiliated with the University of South Dakota Sanford School of Medicine. The Residency is fully accredited and accepts eight residents per year.

Sioux Falls offers the most advanced and complete healthcare facilities in the area. The city has become a referral center for all of South Dakota, as well as northwest Iowa, and southwest Minnesota. The Program’s sponsoring hospitals offer state of the art technology unsurpassed in the Midwest. Both hospitals are constantly expanding and updating facilities and services.

Both hospitals have advanced, 24 hour emergency/trauma departments and have helicopters to augment other ground and air transportation services. The hospitals also provide low cost obstetric clinics, offering medical care for expectant mothers. Residents are assigned patients and act as the primary physicians (with staff physician supervision), beginning with the first prenatal visit through delivery and the postnatal visit. Avera McKennan and Sanford Health hospitals have received national recognition for the services they offer.

Other residencies in Sioux Falls include a pathology, psychiatry, internal medicine, transitional and pediatrics. These programs are all sponsored by the University of South Dakota Sanford School of Medicine.

The Center For Family Medicine
The Residency has a model clinic, the Center for Family Medicine, which is located on the Avera McKennan campus at 1115 East 20th Street in Sioux Falls.
www.centerforfamilymed.org

Falls Community Health Center
Residents also provide care to patients at the Falls Community Health Center, a federally funded clinic where they share the patient load with on-site, full time faculty.
www.siouxfalls.org/CHC.aspx
Faculty

Family physicians serve as the primary faculty, and other specialist attendings complement the teaching rotations. The Residency faculty oversee the educational and evaluation process of the Program. They also coordinate specialty rotations with community and university physicians who are dedicated to teaching residents. The Program was designed so residents can individually tailor it to meet their needs and interests.

Dr. Mark Huntington, MD, PhD, FAAFP, Program Director
Dr. Huntington is a graduate of the Medical Scientist Training Program at Michigan State University, with graduate work in microbiology. He received his Family Medicine residency training and a Diploma in International Health from the University of Cincinnati in 1998. Prior to joining the CFM faculty, he was in private practice for eight years in rural Minnesota. Areas of special interest professionally include health care in resource-limited settings (rural, global, disaster), physician workforce development, tropical infectious diseases, and aerospace medicine. Outside of medicine, he enjoys family time, aviation, outdoor activities, and tinkering on various projects in his workshop.

Dr. Daniel Felix, PhD, LMFT, Director of Behavioral Health
Dr. Felix graduated from the University of Nebraska in 2013 with his doctorate degree (PhD) in Human Sciences, specializing in Medical Family Therapy. He is a licensed marriage and family therapist (LMFT) and has been providing mental health therapy and couples counseling since 2009. Prior to joining the residency, Dr. Felix taught for four years at a family medicine residency in Indianapolis, IN. His clinical work is closely aligned with his educational focus on clinical teaching, and with his research interests in family-oriented primary care, rural behavioral health, and integrated behavioral healthcare. Outside of work he enjoys fly fishing, training his bird-hunting dog, and life with his wife and three young children.

Dr. Tara Geis, MD
Dr. Geis graduated from the University of Minnesota Medical School. She received her family medicine training at the St. Joseph Hospital-HealthEast in St. Paul, Minnesota. Dr. Geis also completed a fellowship in Geriatric Medicine at the University of Minnesota and a Primary Care Faculty Development fellowship at Michigan State University. She brings six years of faculty experience from Iowa before moving to Sioux Falls. Her special areas of medical interest are geriatrics, women's health, dermatology, and preventive medicine.

Dr. Amy Hogue, MD
Dr. Amy Hogue is a 2006 graduate of the University of Iowa College of Medicine. She completed her residency training at Memorial Family Medicine Residency in South Bend, Indiana. She has practiced in the communities of Muskegon, MI and South Bend, IN, and is a member of the American Academy of Family Physicians. She enjoys football games at her alma mater, Notre Dame, as well as traveling and cooking. Dr. Hogue is married and enjoys activities with her family.
Dr. Brad Kamstra, DO
Dr. Brad Kamstra, graduated from Kansas City University of Medicine and Biosciences in 1996 and then completed his Family Medicine residency in Sioux City, IA. He practiced for 15 years in the rural community of Rock Valley, IA. He has experience in teaching at Rocky Vista University - College of Osteopathic Medicine, University of South Dakota - Sanford School of Medicine, University of South Dakota Physician Assistant Program, and is a ATLS instructor.

His interests include Osteopathic Manipulative Techniques (OMT), sports medicine, and rural health. Currently, he has been working on initiatives related to Physician Burnout, including training to be a Life Coach. International experiences include medical missions to Romania, Guatemala, and Sierra Leone, Africa. Most of his free time is spent with his wife and five children. As a family, they enjoy watching movies, camping, and many other outdoor activities.

Dr. Wesley Nord, MD, Associate Director
Dr. Nord is a 1975 graduate of the University of Minnesota and did his family practice residency at Hennepin County Medical Center. In 1987, he completed a residency in internal medicine at the University of South Dakota. Dr. Nord is board certified in Family practice and Internal Medicine. He has a certificate of added qualifications in Sports Medicine.

Dr. Charles Shafer, MD
Dr. Shafer earned his medical degree from the University of Nebraska in 1986, and completed residency training at Sioux Falls Family Practice Residency in 1989. His professional interests include preventive medicine, HIV/AIDS, Third-world medicine and working with the underserved. Dr. Shafer is credentialed as an HIV Specialist by the American Academy of HIV medicine.

Dr. Marjorie Heier, MD, FAAFP
Dr. Heier is a graduate of University of Nebraska College of Medicine in 1986, and did her family medicine residency at Lincoln Medical Education Program, graduating in 1989, and has been board certified in Family Medicine since that time. She also qualified for her Fellow designation in Family Medicine. She practiced rurally in Nebraska for over 23 years until January 2013 and then began practice in rural Zambia until July of 2020, where she is licensed as a Specialist, and established Chifundo Rural Health Center which has been named for several evidence based best practices, including work with malaria in Rufunsa District, Zambia. Her interests include Global Health, rural medicine, preventative medicine and women's health. She enjoys spending time with her three adult children.
Dr. Mary Watson, MD
Dr. Watson graduated from USD School of Medicine in 1986 and completed two years of pathology residency in 1988. Dr. Watson completed her residency at the Sioux Falls Family Practice Residency in 1991. She practiced for nine years in rural South Dakota before joining the residency faculty. Dr. Watson's professional interests include patient education, preventive medicine, rural medicine and women's health.

Dr. Jim Wilde, MD
Dr. Wilde graduated from the Univ. of Wisconsin - Madison Medical School in 1988. He then completed his residency at the Univ. of Wyoming - Cheyenne Family Practice Program. From there he traveled to Nome, Alaska, spending 6 ½ years tending to a largely native indigenous population. Appalachian Kentucky provided the next professional challenge, staffing a rural health clinic in Booneville for 1 ½ years before beginning his service here. Dr. Wilde's professional interests include rural medicine and an evidence-based approach to care.

* All faculty members have academic appointments with the University of South Dakota Sanford School of Medicine.
Our mission is to train physicians in Family Medicine who are able to provide comprehensive, longitudinal medical care in a rural setting.

The Rapid City Hospital Family Medicine Residency Program is a 6-6-6 community-based Family Medicine program, which maintains an affiliation with the Sanford School of Medicine at the University of South Dakota. The program is located in Rapid City and there are no competing residency programs in the community. It was developed and implemented to assist the western South Dakota region by training physicians to provide broad-based, high quality, primary care in a rural setting.

In keeping with this goal, the program offers extensive post-graduate level education in the medical and surgical disciplines, including the practice of obstetrics, with most residents delivering more than 60-100 babies during their residency training. The philosophy of the training program incorporates those features felt to best represent Family Medicine - quality health care with concern and understanding of the patient’s needs within the context of their family.

Program:
At the center of the training program is the Family Medicine Residency Clinic. This state-of-the-art, 24,000 square-foot facility serves as the headquarters for our resident physicians and includes 16 exam rooms and a dedicated procedure room; medical records, laboratory and radiology services; spacious resident team office; a library and conference room; a food pantry for clinic patients; and other administrative offices.

The FMR Clinic offers minor surgical care, cryosurgery, OB ultrasonography, colposcopy including biopsy and LEEP, laboratory evaluation and radiographic imaging.

The clinic is also home to several other health care specialists who provide additional educational support for our residents. This includes a doctor of pharmacology and clinical psychologist. Residents are also scheduled on a rotating basis for specialty clinics at the FMR Clinic including infectious disease and a diabetes clinic. These are staffed by Faculty and community attendings.

Residents provide comprehensive care for their panel of patients with outpatient clinic time increasing over the three years of residency training. Each week PGY-1 residents are scheduled for 1-2 half days per week of clinic, 2-3 half days during PGY-2, and 4-5 half days per week during PGY-3.

Monument Health Rapid City Hospital
Monument Health Rapid City Hospital is the region's leading medical center offering a broad scope of services to keep you and your family healthy. We provide health care services to the 360,000 people
who live in the Black Hills of South Dakota and the surrounding region, as well as thousands of yearly visitors.

We are confident about Rapid City Hospital’s future, and we are honored to be your partner in delivering excellence in health care.

Faculty

Bobbie M. Schneller, DO
Program Director
Dr. Schneller received her undergraduate degree at Franciscan University of Steubenville in Steubenville, Ohio in 1999. She earned her medical degree from the Lake Erie College of Osteopathic Medicine in Erie, Pennsylvania and completed her Family Medicine Residency at Rapid City Hospital. Dr. Schneller practiced full-spectrum, rural primary care in northern Minnesota for three years. She is a board certified Family Medicine physician. Her interests include obstetrics and geriatric care.

Brian D. Smith, MD
Medical Director
Dr. Smith received his undergraduate degree from the University of Colorado in Boulder, CO, and his medical degree from the University of Colorado Health Sciences Center in Denver, CO. He completed his three-year Family Medicine Residency at Rapid City Hospital. Dr. Smith is board certified in Family Medicine. He was in private practice in Arcata, CA, and group practice in Boulder, CO, before coming to the Family Medicine Residency Program as a Faculty Physician. He has been involved in Electronic Medical Record implementation in multiple clinic settings. He enjoys the diversity of the spectrum of Family Medical Practice.

Kyle A. Adams, DO
Associate Program Director
Dr. Kyle Adams earned his medical degree at Kirksville College of Osteopathic Medicine in Kirksville, MO in 2014 and completed his residency training at the Rapid City Hospital Family Medicine Residency Program in 2017. Dr. Adams is board certified in Family Medicine.
Derrick J. Kuntz, MD
Faculty Team Leader
Dr. Derrick Kuntz earned his medical degree at the University of North Dakota School of Medicine & Health Sciences in Grand Forks, ND in 2012 and completed his residency training at the Rapid City Hospital Family Medicine Residency Program in 2015. Dr. Kuntz practiced rural family medicine, including outpatient clinic, hospital inpatient, and emergency room care in Sturgis, SD before joining the residency program. His interests include managing diabetic care and inpatient hospital medicine. Dr. Kuntz is board certified in Family Medicine.

Peter E. Ostler, MD
Faculty Team Leader
Dr. Peter Ostler earned his medical degree at The University of Toledo College of Medicine in Toledo, OH in 2014 and completed his residency training at the Rapid City Hospital Family Medicine Residency Program in 2017. Dr. Ostler is board certified in Family Medicine.

David Farber, PharmD
Clinical Pharmacy Faculty
David Farber is the Clinical Pharmacy Coordinator at the Family Medicine Residency Program. He has been a registered pharmacist for 19 years. Dave received his BS in Pharmaceutical Science in 1998 and his Doctor of Pharmacy in 2000 from North Dakota State University in Fargo, ND. Dave’s previous experience includes inpatient clinical pharmacist for hospitals in Montana and North Dakota; TPN, IDPN, chemotherapy and outpatient surgical IV preparation; previous manager and staff pharmacist for outpatient pharmacies in North Dakota and South Dakota; and telepharmacy. He is a current member of the South Dakota Pharmacists Association, North Dakota Pharmacists Association, SD Society of Health System Pharmacists and holds active Rph licenses for North Dakota and South Dakota.

* All faculty members have academic appointments with the University of South Dakota Sanford School of Medicine.
Pierre Rural Family Medicine Residency

New program July 1, 2018
521 E Sioux Ave
Pierre SD 57501

Program Director: Mark K. Huntington, MD PhD FAAFP
Local Site Coordinator: Thomas Huber, MD
Point of Contact: Jo Erickson, C-TAGME, Program Coordinator

Brief Description
The Pierre Rural Family Medicine Residency is devoted to providing an excellent education that prepares physicians for practice in South Dakota and other areas of the mostly rural upper Midwest. Practice in a rural community is quite different from suburbia. It requires a broad knowledge base, solid procedural skills, a comfort level with telemedicine, and an ability to improvise. It also requires one to be comfortable caring for friends and neighbors, to participate in the local organizations and activities, and a willingness to assume a leadership role in the community. Rural medicine involves more than merely staffing the local healthcare facilities.

Unique Features
The first year of the residency will be spent in Sioux Falls, largely integrated with the residents of the Sioux Falls Family Medicine program. Certain rotations are best completed in a higher-volume referral center, allowing the opportunity to gain efficiency that a busy service demands and to gain experience with less common diseases. In addition, a state-of-the-art simulation center allows for the development of proficiency in a variety of procedural skills in preparation for the rural practice.

Following the intern year, residents relocate to Pierre, SD a community of 14,000 (and the capital of the state) where they will work intimately with experienced Family Physicians in a brand new Family Practice facility to learn the profession. Family Physicians serve as the primary faculty, with other specialist physicians to complement the teaching rotations. They oversee the educational and evaluation process of the Program, coordinating specialty rotations with community physicians who are committed to teaching residents. The Program was designed so residents can individually tailor it to meet their professional needs and interests.

The outpatient experience increases as the resident progresses through the program and develops a “practice.” The local patient population spans all age groups and socioeconomic levels, representing a true cross section of the community.

Additional Information
The Pierre Rural Family Medicine Residency has its full complement of two residents per year enrolled, with its inaugural class of residents in their final year of training in Pierre. Effective 29 January 2020, the program was granted Continued Accreditation without Outcomes: this is the highest accreditation level for a program at this point in its development.
South Dakota AHEC

Over 30 years ago, South Dakota had an Area Health Education Center (AHEC) with five offices statewide. This original AHEC was supported by grant funding until programmatic changes at the federal level altered the funding mechanism. This left South Dakota’s original program with little monetary support, although the Southeast South Dakota AHEC, then Yankton Rural AHEC, remained a viable organization.

In 2008, work began on securing a grant to reestablish an AHEC in South Dakota, which was submitted in January 2009. Notification of the initial three-year award was received in August 2009. The South Dakota AHEC program office was established in September 2009, within the University of South Dakota Sanford School of Medicine's Department of Family Medicine. The Yankton Rural AHEC was re-established as an officially recognized center at that time. Yankton Rural AHEC’s name was changed to Southeast South Dakota AHEC in Spring 2020.

In the fall of 2010, the program office made the decision to use a Request for Proposals (RFP) process in naming the second AHEC. The RFP was distributed widely, resulting in four applications with the South Dakota AHEC Advisory Board awarding the grant to the Collaborative for a Northeast South Dakota AHEC following a lengthy proposal review and site visit process. Each AHEC Center has its own Board of Directors, executive director and other personnel.

The South Dakota Area Health Education Center is funded by Health Resources and Services Administration Bureau of Health Workforce cooperative agreement #U77HP26850 through Title VII of the Public Health Service Act. Additional funding to support South Dakota AHEC is made possible through the contributions of its academic and community partners.

After a five-year competitive continuation grant was submitted to HRSA, USD SSOM was notified by HRSA in August 2012 that the South Dakota AHEC had been awarded a five-year continuation to further the valuable work of developing and supporting the state's health care workforce. Another five-year competitive continuation grant was submitted to HRSA in early 2017. In August of 2017, USD SSOM was notified that the SD AHEC had again been awarded a five-year continuation.

On July 23, 2018, the Department of Family Medicine received the Notice of Grant Award, 5 U77HP268500600, for AHEC Point of Service Maintenance & Enhancement Grant through HRSA to continue the South Dakota Area Health Education Center with the program office in the Department of Family Medicine, two centers – one in Yankton and one in Aberdeen, and the addition/creation of a third center in western South Dakota. An RFP was announced, and the West River Area Health Education Center opened in September of 2019.

On August 1, 2018, the Department of Family Medicine received the Notice of Grant Award, 6 U77HP268500601, for AHEC Point of Service Maintenance & Enhancement Supplemental Grant through HRSA. The focus of this supplemental grant can focus on: (1) Trainings on tele mental health services, (2) behavioral health integration with a focus on opioid misuse and abuse, and (3) community health worker training on SUD including strategies to address prescription opioid misuse and addiction in rural and underserved communities. This culminated in AHEC’s Mission: Possible conference held on August 19th and 20th, 2020.
MISSION: POSSIBLE
Reducing the Impact of Substance Abuse and Mental Illness in Our Communities

YOU ARE INVITED!
August 19 • 11:30 am - 6:00 pm  |  August 20 • 7:30 am - 12:30 pm
VIRTUAL CONFERENCE

Secure your virtual seat by August 10, 2020 • SDAHECEvents.com
To elevate your experience, the first 150 attendees will receive a gift box shipped directly to them!

KEYNOTE SPEAKERS

TONY HOFFMAN
Pro BMX Competitor and Recovering Addict

SEAN ASTIN
Actor, Director, Producer, and Mental Health Advocate

OTHER FEATURED SPEAKERS INCLUDE:

Vaney Hariri & Tamien Dysart – Co-Founders of Think 3D Solutions
Charity Doyle – Executive Director of OneHeart: A Place for Hope and Healing
Erik Muckey – Executive Director/CEO of Lost&Found
J. Carlos Rivera – CEO/Co-Founder of Generation Red Road

The South Dakota Area Health Education Center would like to invite you to their first-ever virtual conference this summer! At this event, they will welcome nationally-recognized speakers, local professionals and community leaders to share engaging content and offer networking opportunities for all attendees. All from your desktop or mobile device!

WHO SHOULD ATTEND?
Medical + behavioral health professionals + civic & community leaders + students + educators & school administration + more.

CME + CEU
AAFP CME Credit will be applied for as well as CEUs for many mental health and addiction professionals.

SDAHECEVENTS.COM
Additionally, to address the COVID-19 pandemic, AHEC received another Notice of Award, T1KHP391950100, in May of 2020 to provide training on telehealth. Each of South Dakota’s three centers and the state program office developed work plans and budgets for programs improving telehealth in South Dakota. Further information about each of the proposed work plans can be found below.

Below are highlights to review regarding noteworthy accomplishments of 2020.

**Southeast South Dakota (SESD) AHEC**

**Disaster Training Day (DTD)**
This is a 1-day event that brings together 370+ students, from 11 disciplines, to the Lee Medical Building at USD for didactic and hands on training in disaster response. Students from the State’s two largest Universities attended this interprofessional event receiving instruction from medical professionals and agencies from across the State. Didactic curriculum is provided by the National Disaster Life Support Foundation. Sessions on self-care and working with an aging population during an emergency response were new break outs this year. SESD AHEC also supports disaster training for 250 nursing students at South Dakota State University each year. A DTD grant was received from the SD OPHPR in the amount of $25,000.00.

**USD Health Sciences Major Presentations**
In September 2020, Corryn Gabbert spoke to freshmen health science majors about the Area Health Education Centers in South Dakota, her path as an undergraduate HSC major student to an MPH student and public health professional both with SESD AHEC and NAO/CDC, as well as a current instructor within the major. She encouraged students to remain in South Dakota, pursue careers in both clinical and non-clinical professions, and spoke about the opportunities she’s had working in the non-profit public health education world.

**Avera Health and Safety Fair**
SESD AHEC was unable to participate in the Avera Sacred Heart Hospital (ASHH) Health & Safety Fair in April due to COVID-19. Unfortunately, ASHH closed campus mid-March and was not allowing visitors or events to be held on site.

**Focus on Veterans**
*Improving Combat Veterans Care Conference 2020-SESD & NESD*
Veterans living in rural and highly rural areas are 20 percent greater risk of dying by suicide than veterans who live in urban areas, according to information from the Together with Veterans community-based initiative.

The conference is sponsored by the SESD AHEC in coordination with the Sioux Falls VA Health Care System. Planning for the 2020 Improving Veterans Care Conference was going strong until the COVID-19
pandemic hit the Midwest. The planning committee made the decision to postpone the May conference until the Fall and continued to plan for the conference to be held either in person or virtually. Unfortunately, due to the severity of the pandemic, the conference was cancelled for the 2020 year. The planning committee is actively working on incorporating some of the same topics into the May 2021 conference.

**Scrubs Camps**

One of the most pressing issues facing the healthcare industry today is the critical need for healthcare providers. This is especially true for South Dakota. In the coming years, thousands of additional healthcare workers will be needed in South Dakota. Scrubs Camps were designed to encourage students in South Dakota to consider pursuing a career in healthcare and are funded through the South Dakota Office of Rural Health. Scrubs camps are held in over 18 communities across South Dakota. Over 1000 students participated in camps across the state. Below are updates regarding planning for Southeast’s camp. For more information, please visit [www.scrubscamps.sd.gov](http://www.scrubscamps.sd.gov)

Southeast SD AHEC was unable to host their eleventh annual Scrubs Camp at the Professional Office Pavilion on the Avera Sacred Heart Hospital (ASHH) Campus in October due to the COVID-19 pandemic. The ASHH Campus was closed to groups of visitors and SESD AHEC wanted to ensure that presenters, attendees, and ASHH staff were safe from potential exposure. SESD AHEC is working with the South Dakota Office of Rural Health to either host an in-person event in the Spring (dependent on local, state, and national COVID-19 guidelines) or working with other Scrubs Camps coordinators to record and archive various health professions for a virtual camp.

**HPV Success in Uncertain Times Presentation**

Improving the HPV immunization rates among 11- and 12-year-old boys and girls continues to be the focus of an effort by the National AHEC Organization, Centers for Disease Control and Prevention (CDC), and Southeast SD AHEC. Through USD’s SSOM Frontier and Rural Medicine (FARM) Program, Dr. Anderson connected Corryn Gabbert with two MS3 students who are currently located in Pierre, SD. Each FARM cohort is tasked with doing a Quality Improvement project and the Pierre students identified that the area had a lower immunization rate than recommended. The students decided to conduct a chart review to identify immunization rates before and after an HPV educational session to determine if the education was successful in increasing HPV immunization rates in the area.

The Pierre FARM students worked with SESD’s Corryn Gabbert on identifying an HPV Champion speaker and relevant resources to assist in the educational session. On October 15th, 2020, Corryn and Dr. Mary Milroy, Clinical Professor, Department of Surgery, at the University of South Dakota Sanford School of Medicine travelled to Pierre, SD to present updated HPV and immunization information to area physicians and students. Dr. Milroy’s presentation, “HPV Success in Uncertain Times”, focused on HPV history and epidemiology, CDC recommendations, motivational interviewing, and general immunization information. The FARM students specifically asked Dr. Milroy to talk about the impact the COVID-19 pandemic has had on immunization rates across the country. Dr. Milroy and Corryn shared information regarding the decrease in immunization rates due to lower clinic visits and provided handouts for providers on increasing immunization rates during and after the pandemic. The presentation was sponsored by Southeast SD AHEC.
Southeast SD AHEC has a number of educational resources, posters, archived webinars, and presentations available for interested participants and clinics. For more information on how to bring HPV education to your area and on SESD AHEC’s plans for the HPV project, please contact Corryn Gabbert AHEC at 605-655-8290 or email info@yrahec.org.

Yankton Camp Med
Southeast SD AHEC was unable to host the Yankton Camp Med even in May 2020 due to the COVID-19 pandemic. In Yankton, area schools closed in mid-March and moved to a virtual/online learning platform for the remainder of the school year. SESD AHEC is hoping to host a Camp Med in 2021, depending on local, state, and national guidelines.

Inter professional Education (IPE): Rural Experiences for Health Professions Students (REHPS)
The SESD AHEC places health professions students in rural communities across the state for an interdisciplinary educational clinical experience. This effort began in 2011 with six students and now involves 30 students in 15 communities. REHPS is a 3 to 4-week summer experience that pairs students from two different health professions together at each site for a holistic view of rural medicine. Eight disciplines participate from USD and SDSU along with the addition of registered nurses from DWU for a total of nine programs 2020. Communities must have populations under 13,000 with a critical access hospital to participate in this program. Students are selected through a competitive application process and receive a stipend of $1000 per week.

This is the 10th year of the REHPS program and this past year 53 students applied. The plan for 2020 was to put 34 students in sixteen sites (Huron agreed to host two groups of students and pilot Registered Nurses), after receiving permission from the Office of Rural Health to do 3- week experiences along with 4-week experiences. The following sites planned to host students prior to COVID-19 becoming a concern in South Dakota: Bowdle, Britton, Burke, Chamberlain, Faulkton, Hot Springs, Huron, Martin, Miller, Parkston, Platte, Redfield, Scotland, Sisseton, Sturgis, and Winner. Bowdle, Huron, Martin, Redfield and Scotland moved forward with Martin hosting six total students and Huron hosting 3 for a total of 15 placements. They hosted students from these areas of healthcare: family nurse practitioner (SDSU), medical (USD), medical laboratory science (SDSU), physician assistant (USD), pharmacy (SDSU), and registered nursing (DWU). Students who did not receive a placement were given the option to participate in a hybrid program using the AHEC Scholars on-line program. REHPS received a grant for $218,540.00 from the SD Office of Rural Health.
**REHPS Participation and Outcomes**

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<tr>
<td><strong>Number of Participants</strong></td>
<td>6</td>
<td>12</td>
<td>18</td>
<td>21</td>
<td>30</td>
<td>28</td>
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<td>62.66%</td>
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<tr>
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<td>8</td>
<td>13</td>
<td>13</td>
<td>13</td>
<td>14</td>
<td>11</td>
<td>13</td>
<td>7</td>
<td>1</td>
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<tr>
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<td>3</td>
<td>7</td>
<td>7</td>
<td>10</td>
<td>5</td>
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<td>4</td>
<td>6</td>
<td>0</td>
<td>47</td>
<td>32.19%</td>
</tr>
</tbody>
</table>

**REHPS recruiting presentations** that include an introduction to AHEC’s:
- April 4 – Zoom Meeting – REHPS orientation – 29
- Oct 1 – Zoom Meeting – REHPS recruiting USD Clinical Psychology – 20
- Oct 21 – Zoom Meeting – REHPS recruiting USD Occupational Therapy - 12
- Nov 3 – Zoom Meeting – REHPS SDSU Medical Lab Science recruitment – 24
- Nov 9 – Zoom Meeting – REHPS SDSU P2 Pharmacy recruitment – 80
- Nov TBD – Zoom meeting – REHPS SDSU Family Nurse Practitioner – 40
- Nov TBD – Zoom meeting – REHPS MMC Family Nurse Practitioner - 38
- Nov TBD – Zoom meeting – REHPS USD Medical Students - 70
- Nov TBD – Zoom meeting – REHPS USD 2021 PA recruitment – 25

**Northeast South Dakota (NESD) AHEC**

**Scrubs Camp**

Northeast SD AHEC held their annual Scrubs Camp at Presentation College’s Southeast Building on Wednesday, March 4th, 2020. Seventy-six students from eleven area schools attended the daylong event to explore different health careers and learn from professionals in eight career fields. The careers represented through the breakout sessions included Physical Therapy, Dental Assisting, Optometry, Emergency Medical Services, Dietician, Athletic Training, Medical Lab Science, and Nursing. Students were able to explore hand-on activities using Lake Area Technical College’s EMS human patient simulators, Presentation College’s Avera Simulation Center, and many more fun activities.
EMS Education

Northeast SD AHEC worked closely with the South Dakota Emergency Medical Services Association (SD EMSA) and Presentation College in the providing a continuing education refresher conference on February 7th through 9th at Presentation College. This Refresher had 55 EMS providers in attendance in addition to 10 nursing students from Presentation College. Through lectures, breakout sessions, and interprofessional simulated scenarios, the EMS providers were able to complete 20 hours of continuing education required to be nationally certified EMTs. The topic categories included: Airway/Respiration/Ventilation, Cardiovascular, Trauma, Medical, and Operations with speakers from Presentation College, SD EMSA District IV, Avera, Sanford, SD Department of Health, Bikers Against Child Abuse, SD EMS for Children, Agtegra, Aberdeen Fire Rescue, and Redfield Community Memorial Hospital.

Northeast SD AHEC additionally worked with the SD EMSA on providing COVID-19 Community Panel interactive virtual training to the EMS providers throughout the state with up to date information and best practices. Over 10 weeks, the Covid-19 Community Panel had 570 participants. Session topics included Intro to Covid-19, Update & SD Stockpile, Impact on Rural Hospitals and ED’s, Allergies vs Covid-19, Mental Health Preparedness, SD EMS on NYC’s Front Lines, Sioux Falls Hotspot, Testimony from Covid-19 Patient/Doctor, Covid-19 Cycle, Governor Noem Address, Policy Changes, Contact Tracing, and Respiratory Complications. Speakers were from Aberdeen Fire Rescue, SD Dept. of Health, Eureka Community Health Care Services-Avera, Sanford Aberdeen Medical Center, Aberdeen Asthma & Allergy, Northeastern Mental Health Center, SD EMSA District IV, EMS Educator-City of Sioux Falls, Avera, SD Department of Health--EMS and Trauma, Ohio Nursing Association, and Ohio State University.
Aberdeen Public Schools’ SHAPE Program

Northeast SD AHEC presented for Aberdeen Public Schools’ SHAPE Program to the 4th grades classes of the six schools in the Aberdeen area. 270 students were in attendance as Northeast SD AHEC presented on Smoking Cessation and Good Choices. The presentation included the Pigs’ Lungs demonstration, the Mr. Gross Mouth demonstration, the Tar Jar demonstration, and Truth or Myth game.

Aberdeen Roncalli Elementary School’s Red Ribbon Week

Northeast SD AHEC presented for Aberdeen Roncalli Elementary School’s Red Ribbon Week to the elementary school students in grades 3rd through 6th on October 25th. 200 students rotated through Northeast SD AHEC presentation on Smoking Cessation and Good Choices. The presentation included the Pigs’ Lungs demonstration, the Mr. Gross Mouth demonstration, the Tar Jar demonstration, and other displays around the negative consequences of smoking and tobacco use.

Huron Community

Northeast SD AHEC had a table at the City of Huron Wellness Fair on March 10th. Northeast SD AHEC’s table had different displays around the negative consequences of smoking and tobacco use with over 150 people viewing the displays.
West River AHEC

Non-Profit Status:
The past year was focused on ensuring that the West River Area Health Education Center (WRAEC) was compliant with State and Federal Laws to become registered as a 501(c)(3) non-profit organization. Upon receipt of our Federal Employer Identification Number, we made our formal application to the IRS for non-profit status and received it in the Spring of 2020. Parallel efforts were made to create WRAEC Travel and Purchasing Policies and Procedures necessary to submit with the signed Notice of Sub-Award of the USD School of Family Medicine HRSA grant.

Branding:
One of the most important steps in the development of the WRAEC program was to create a brand as we work to build relationships in Western South Dakota. The logo and our website was successfully designed by Robert Sharp and Associates, located in Rapid City. The website will continue to evolve as we develop additional tools to support our Mission, Vision, and Values. The opportunity for logo design also enabled the SDAHEC Program Office, NEAHEC, and SEAHEC to all work together on a new cohesive branding to start marketing across South Dakota with a joint brochure describing each area’s programs and impact.

Community Impact:
We have provided 2 classes of Mental Health First Aid to the Faculty and Staff of Western Dakota Tech. The classes were well received, and we had scheduled a free MHFA course for Rapid City Middle School parents during April 2020, however, this education was not allowed to be presented virtually, so we had to cancel the opportunity due to COVID-19 guidelines. We will plan on providing this in the future when able. In addition, we were going to bring this training to the nursing students enrolled in the RN program at WDT. It was also cancelled, but we will work at providing this in the future.

Partnering with the Mountain Plains MHTTC and Western Interstate Commission for Higher Education (WICHE) we had planned to host “Trauma Informed Practices in Schools” in Rapid City on May 5 and 6. It was still offered to those registered—but it was held via Zoom May 5 and 6, with a follow-up training held virtually, again, held during Fall 2020. This was a “Train the Trainer” course that had capacity for 40 people, however, once we spread the word to schools across our region—we had 70 people apply!

The WRAHEC participated in two Career Fairs in early 2020 before the COVID shutdowns began and reached over 1000 members of the community to talk about the importance and opportunities that exist in Healthcare fields in Western South Dakota.

COVID-19 has impacted so many people across the globe, this past year. The staff at the WRAHEC wanted to help the local area by leading the “Masks for Rapid City Project” which began in March 2020. Working in collaboration with Western Dakota Tech, Monument Health, and the John T. Vucurevich Foundation, United Way of the Black Hills, the Black Hills Community Foundation and the SD Community Foundation, $90,000 in grants were generously donated for the “Masks for RC Team” to purchase fabric, thread, and other supplies needed to provide Mask Making Kits to the community free of charge. This project has collected over 25,000 masks of which 6000 were provided to Rapid City Area Schools, over 500 to the Pennington County Jail for the inmates, and all remaining to local agencies, businesses, and community members in need of fabric masks.
**K-12 Programs:**
The months of January and February 2020 provided the WRAHEC a chance to collaborate with faculty of Western Dakota Tech on presentations given to Rapid City eighth grade students. We brought over 500 students valuable information on the many fields in healthcare that are awaiting them after High School graduation.

After the pandemic hit our region—we wanted to create a way of reaching out to all Western SD schools about the exciting degrees available in healthcare and how to achieve them—but in a “safe” manner. We created the “You are the Cure” booklet which summarizes healthcare careers, the schooling needed, the average salary earned, and what University’s in SD that offer programs for those careers. We have sent 2 copies to every school in Western SD, in October 2020, along with a note for counselors on how to order additional, complementary copies for their students.

Creating and acquiring K-12 healthcare career curricula and needed equipment for future interactive demonstrations that we can present (after the pandemic) has also been a priority. The tools we have invested in include: the Giant Inflatable Brain, Germs education, alcohol and drugs impairment course, skin cancer awareness models, the Body Interact touch screen table to run trauma simulations where the students diagnose and tend to a “virtual” patient, and created an online Health Career Exploration Tool available on our website as well as on touch screen kiosks throughout the community.

The final healthcare education tool we developed in collaboration with Robert Sharp and Associates is a “You are the Cure” video to promote pursuit of an education in healthcare and practicing in Rural SD healthcare. In October 2020, we debuted the 13-minute video to 76 Rapid City Area School’s students pursuing the healthcare pathway.

**New Collaborations:**
The SD Rural Health Equity Summit was held at the Arrowwood Resort in Oacoma, SD, on September 10, 2020. The event was a collaborative effort organized by the SD Academy of Family Physicians and the SD Area Health Education Centers. The Summit drew 31, SD rural healthcare stakeholders and 6 guest speakers who inspired the subsequent group discussions:

- Creating additional awareness while identifying Rural Health Inequities affecting the entire state of SD
- Cultivating meaningful discussion about rural healthcare delivery
- Discovering how current health inequities are impacting the health of rural residents
- Producing a road map of interventions/policy changes to address the rural healthcare inequity identified as most affecting the state

The South Dakota Area Health Education Centers collaborated on their first-ever virtual conference this summer, “Mission Possible: Reducing the Impact of Substance Abuse + Mental Illness.” This event welcomed nationally-recognized speakers, local professionals and community leaders to share engaging content and offer networking opportunities for all attendees. Speakers at the virtual conference gave presentations centered on the following three topics/themes:

- Substance Abuse
- Telemental Health
- Opioid Treatments including Medication-Assisted Treatment (MAT)
A key new collaboration developed this fall when the WRAHEC relocated and became a partner in the **West River Health Sciences Center** with Monument Health, BHSU, SDSU RC Nursing Program, and USD RC Nursing Program all co-located at the BHSU—RC Center. This has been an exciting way to work together to increase the healthcare workforce for Western SD.
Community Projects

This Community Projects Team has a focus on social determinants of health. The team takes a social location perspective (e.g. race, class, gender, disability, and rurality) in addressing community needs to improve health and wellness outcomes. The team does this through supporting the development of new programs (e.g. through grant writing/management), evaluation of programmatic efforts, providing technical assistance, project management, and performing academic research that contributes to knowledge in this area. Below is a narrative description of our current projects.

Medication-Assisted Treatment (SAMHSA)
Principal Investigator, project management, grant management & writing, data analysis, reports
In September 2019, the Department of Family Medicine was awarded a SAMHSA grant to train medical and PA students on medication-assisted treatment (MAT). All fourth-year medical students and second-year PA students during the three-year grant period completed the training. Due to COVID-19, we had to transition the training online and utilized a free online training from the Provider Clinical Support System. The grant also funds a competitive experience program for twelve students to observe MAT in a clinical setting for two weeks while following an experienced MAT prescriber. Due to COVID-19, these experiences were moved online, but were still able to give students experience with MAT in a clinical setting. Finally, the department used the grant to fund a three-hour conference on “Confronting the Opioid Crisis in Clinic” in conjunction with Family Medicine Grand Rounds in September 2020.

Area Health Education Centers (AHEC):
Principal Investigator, research, evaluation, project management, grant management & writing, technical assistance, data analysis, reports
The mission of SD AHEC is to foster a continuum of interdisciplinary health professions education through focusing on the healthcare needs of the most underserved in our state. Community Projects oversees the evaluation for the AHEC program and provides technical assistance for programming (e.g. Mission: Possible) and grant writing. There was also an AHEC – COVID grant related to this project for which Community Projects provided grant writing TA and evaluation.

Comprehensive Opioid, Stimulant, and Substance Abuse Program (Bureau of Justice Assistance)
Evaluation, project management, technical assistance, reports
Community Projects wrote the grant application for Minnehaha County to provide prosecutorial diversion for justice-involved individuals with substance abuse issues. This program will provide case management, transitional housing, programming relevant for Indigenous peoples, and peer navigators to provide alternatives to prosecution. Community Projects will provide technical assistance and evaluation on this program.

e-SANE for Rural (Office for Victims of Crime)
Research, evaluation, reports
Community Projects is providing the evaluation and research related to Avera’s telehealth program. This program provides telehealth sexual assault medical forensic exams in frontier, rural, and tribal communities across five rural states (Iowa, Montana, Nebraska, North Dakota, and South Dakota). This project evaluates if telehealth sexual assault medical forensic exams can provide trauma-informed and patient-centered care through a telehealth avenue.
FAST Grant (Office of Violence Against Women)

Evaluation, reports, data analysis
Community Projects will provide some evaluation for this grant. However, it is important to note that the Community Projects team wrote this grant and pulled together partnerships to make the project possible. Partners include shelters across the state including 5 tribal lands, the U.S. Attorney’s Office, DCI, the Crime Lab, Beadle County State’s Attorney, Avera Hospital, and is overseen by The South Dakota Network Against Family Violence and Sexual Assault. The purpose of the grant is to provide access to sexual assault medical forensic exams and advocacy to victims who live around the Keystone XL pathway with a focus on West River and tribal lands.

Minnehaha County MOU

Research, evaluation, project management, grant management & writing, technical assistance, data analysis, reports
Minnehaha County is the grantee on the MacArthur Safety & Justice Challenge. They contract with Community Projects on evaluation, grant writing, and technical assistance. This project works to reduce the jail population and increase racial and ethnic equity through: (1) prearrest deflection; (2) case processing efficiency efforts with the courts; (3) the Link efforts to provide alternatives to jail for individuals with substance abuse and mental health disorders; and (4) reaching racial and ethnic equity and community engagement. Our Community Project Coordinator oversees all the community efforts on racial and ethnic justice in the criminal justice system for Minnehaha County. The Community Projects team rewrote this grant for the County this past September. The Link (the Triage Center) is also being organized and evaluated by this team.

Office of Violence Against Women Research & Evaluation Grant: Meeting the Unique Needs of Rural & Indigenous Women Victims of Domestic Violence: A Mixed-Methodological Analysis

Principal Investigator, Project management, reports, data analysis
Community Projects is the lead on this research project with partners at the University of Nebraska-Lincoln as co-investigators. This research project partners with the Mitchell Area Safehouse in a longitudinal qualitative design to discover what healing looks like for Indigenous and rural women who are survivors of domestic violence. The project partners with Indigenous community leaders across the state and brings in some cutting-edge data collection methods to provide unique contributions to this area of research. This project will employ one graduate and one undergraduate researcher.

Sexual Assault Kit Initiative (Bureau of Justice Assistance)

Research, evaluation, technical assistance, reports, data analysis
Community Projects is providing both technical assistance and new academic research for this grant. Housed out of the Beadle County State’s Attorney’s Office and overseen by The South Dakota Network Against Family Violence and Sexual Assault, the Community Project team authored this grant and pulled together the project. Partners include the Attorney General’s Office, Representative Tim Reed from Brookings, and the Center for the Prevention of Childhood Maltreatment. This project employs two undergraduate researchers.
South Dakota AHEC Scholars

AHEC Scholars is a program for health professions students interested in supplementing their education by gaining additional knowledge and experience in rural and/or underserved urban settings. This is a longitudinal program with interdisciplinary curricula to implement a defined set of clinical, didactic, and community-based activities. All experiential or clinical training will be conducted in rural and/or underserved urban settings. Program duration is two years and each year includes the following for a total of 160 hours:

- 40 hours community-based, experiential, or clinical training in rural and/or underserved area
- 40 hours didactic education (focused on six Core Topic Areas)
- Core Topic Areas
  - Interprofessional Education
  - Behavioral Health Integration
  - Social Determinants of Health
  - Cultural Competency
  - Practice Transformation
  - Current and Emerging Health Issues

Northeast & Southeast SD AHEC

Students enrolled in the NE& SE SD AHEC Scholars program are from several disciplines from both South Dakota public universities and also includes students from a private university in Mitchell and a private college in Aberdeen. Students from South Dakota State University are enrolled in the Pharmacy and Medical Laboratory Science programs; students from the University of South Dakota are enrolled in the Medical, Physician Assistant, Physical Therapy, Occupational Therapy, and Clinical Psychology programs; students from Presentation College and Dakota Wesleyan University are enrolled in the Nursing program. NE & SE SD AHEC staff are working on expanding the program to include a number of other disciplines and looking to work with the technical post-secondary schools in the future.

West River AHEC

The WRAHEC created a “WRAHEC Scholars Rural Health Leadership Program” that started on June 1, 2020. Cohort one of this program has ten students enrolled in our program which is designed to be completed in 18 months and will celebrate at a Scholars Graduation Gala in November of 2021. This program is a hybrid class—with Didactic education (online) modules, and in person, didactic and clinical/experiential learning at 2 summer institutes. We also conduct quarterly Zoom meetings with the cohort to discuss progress, book studies, and emerging issues. These meetings are to improve Scholar relational learning as well as to increase program retention. After discussion with the SD Office of Rural Health, the program has received their endorsement and assist with promotion and graduation of our Scholar cohorts.
Supplemental COVID-19 Funding

Northeast South Dakota AHEC (NESD AHEC)

NESD proposes to collaborate with the Northeast South Dakota Mental Health Center (NEMHC) and other state mental health centers to develop a webinar series on telehealth best practices for behavioral health. There will be 10 to 20 hours of training provided over an 11-month period to current mental health professionals and clinicians. Additionally, NESD will research, develop, and distribute a telehealth toolkit that will include resources for mental health practitioners using telehealth during COVID-19. Finally, NESD will work with Lake Area Technical Institute (LATI) to develop and offer a mental health training to returning students.

Southeast South Dakota AHEC (SESD AHEC)

SESD will provide online telehealth education for health professions students across Eastern South Dakota focusing on telehealth usage, best practices, and COVID-19 procedures. This training will include 10 online webinar sessions over 12 months with a different topical focus during each month. SESD will also distribute educational resources from each webinar to all attendees as well as make them available online for reference.

West River AHEC (WR AHEC)

A recent best practice for hospital pharmacies is implementation of an IV Workflow Management System. Currently, Western Dakota Technical Institute’s (WDT) Pharmacy Tech program does not have the telehealth equipment in place to train students on this emerging technology. Collaboration has already started between WDT and Monument Health, the leading healthcare system in Western South Dakota, and WR AHEC is uniquely positioned to further this collaboration by funding the necessary equipment.

South Dakota AHEC Program Office

The Program Office will contract with Avera eCare to offer a telepresence educational course reviewing important factors for a positive patient-provider relationship through telehealth. The course will be available online via an online learning platform and may be completed at the learners’ own pace, while also offering opportunities for telehealth continuing education at a reduced cost to participants in the telepresence course. Additionally, there will be a live webinar that will offer telehealth training on best practices or hot topics, providing real-time feedback and expert engagement.

Additional Partnerships/Presentations

In addition to what is discussed above, SD AHEC entities have met/communicated with:

- SD DOH Office of Rural Health – funding agency for REHPS.
- SD DOH Office of Public Health Preparedness & Response – funding agency for Disaster Training Day, and SDSU BSN training.
- Compass Practice Transformation Network/healthPOINT at Dakota State University – providing guidance for REHPS community projects and potential partners for AHEC scholars.
- National Disaster Life Support Foundation – Southeast South Dakota AHEC serves as the Upper Midwest Training Center for this organization and all Disaster Training student events are currently using curriculum from this organization.
- South Dakota Department of Social Services – ongoing discussions regarding collaboration opportunities regarding mental health.
SD HOSA-Future Health Professionals

Submitted by:  Brock Rops, M Ed, HOSA State Advisor

Overview
HOSA: Future Health Professionals is a student organization whose curriculum is aligned with Career Tech Education standards. SD HOSA's focus is to recruit students into the health care pathway. Through local and state chapters, South Dakota HOSA provides education activities and procedures encompassing health care careers and topics for students in a multiple number of courses. Currently, there are 250,000 members nationwide.

Services
Through the HOSA Competitive Events Program students participate in activities involving 60 competitive events, many of which can be implemented into a science classroom. The Competitive Events Program includes six categories: Health Science, Health Professions, Leadership, Teamwork, Emergency Preparedness and Recognition events.

Over this past year, the pandemic has limited HOSA members from participating in face to face activities. Although tragic, the pandemic has opened the eyes of many HOSA members to the arena of public health.

Sites
HOSA chapters established in South Dakota:

<table>
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<tr>
<th>O’Gorman</th>
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<th>Stanley County</th>
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<td>Harrisburg North MS</td>
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<td>Chamberlain</td>
<td>Redfield</td>
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<td>Kadoka</td>
<td>Beresford</td>
<td>NE Tech (Watertown)</td>
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<td>Wolsey-Wessington</td>
<td>Sioux Falls Christian</td>
<td>Parkston</td>
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<td>Mitchell CTEA</td>
<td>Brookings</td>
<td>Milbank</td>
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<td>Sanford Health</td>
<td>Canton</td>
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Accomplishments

At the local level:

- 40 chapters have been established in eight years with an anticipated membership of over 1000 in 2020-21
- Students interested in a health career gain insight and encouragement in their pursuits.
- Chapters meet monthly with health professions speakers, practice competitive events, do service learning projects.
- Multiple HOSA chapters visited the University of South Dakota campus for Health Science information and campus tours.
- Opportunities are being created for HOSA students to complete the EMT-B certification.
- Many students have earned CNA certification.
- South Dakota HOSA boasts a diversity in its membership of 9%.
At the state level:

- In March 2020, our SD HOSA State Leadership Conference had over 800 registered before the pandemic. At a typical conference, attendees would engage in competitions, academic sessions, tours, keynote, banquet and college/university booth fair at the Sanford Pentagon.
- In the Fall of 2020, SD HOSA hosted a virtual Fall Leadership L.A.U.N.C.H. Academy hosted over 100 HOSA students using the zoom format. Students engaged in activities involving leadership development, networking, and HOSA-future health professionals’ best practices.
- Over $15,000 of scholarships were offered to HOSA students

At the national level:

- SD HOSA was well represented at the 2020 HOSA virtual Internat Leadership Conference. South Dakota had 137 delegates registered for the conference. over 8,000 other HOSA members across the country.
- South Dakota HOSA placed three students in the Top 10.
- Two State Officers are participating in National HOSA’s Global Health Summit.

Future Goals

1. Continue to move forward with chapter establishment in post-secondary colleges/universities
2. Continue to move forward with chapter establishment in high Native American student population schools
3. Continue to build and expand on the successes of our Annual State Leadership Conference
4. Continue to find partners who will benefit our organization in building future health professionals
5. Continue to build and expand on the successes of South Dakota delegates at the International Leadership Conference
6. Continue to build resources for HOSA students to keep them engaged (i.e., social media, online venues)
2020 State Leadership Conference

March 26 - 27, 2020

Sanford Sports Complex | Southeast Technical Institute | Sanford Research
Midwest Periodontics | Parry Simulation Center | All City Pet Care West
2019-20 State Officer Team:

Jensyn Younger (Dakota Valley), Kendra Elks Looks Back (Todd County), LilyAna Petersen (Harrisburg), Lauren Okine (Dakota Valley), Zach Curd (O’Gorman), Regan Waddell (Mitchell)
Diabetes Program

Submitted by: Valborg Kvigne, MBA, Instructor and Diabetes Coordinator

Overview
The University of South Dakota (USD) has received funding from some of the tribes in North Dakota, South Dakota, Nebraska, and Iowa for the Diabetes Coordinator to provide data analyses and program evaluation services to the Special Diabetes Program for Indians (SDPI), Good Health & Wellness in Indian Country (GHWIC), Tribal Practices for Wellness in Indian Country (TPWIC) and Substance Abuse and Mental Health Services Administration (SAMHSA) Circle of Care grantees. The USD has also received funding from South Dakota State University College of Nursing to provide data analyses and program evaluation services for the Health Resources & Service Administration (HRSA) Nurse, Education, Practice, Quality, and Retention (NEPQR) – Registered Nurses in Primary Care, Impacting Models of Practice and Clinical Training for Registered Nurses and Students (IMPACT-RNS) grant.

The USD has provided program evaluation services for nine (9) SDPI tribal programs; one tribe working with the GHWIC Program administered through the Centers for Disease Control and Prevention (CDC); and one tribe working with each of the following: Tribal Practices for Wellness in Indian Country (TPWIC) and Substance Abuse and Mental Health Administration (SAMHSA) Circle of Care. Program evaluation services have been provided to South Dakota State University for the Health Resources & Services Administration (HRSA) Nurse, Education, Practice, Quality, and Retention (NEPQR) – Registered Nurses in Primary Care, Impacting Models of Practice and Clinical Training for Registered Nurses and Students (IMPACT-RNS).

Work continued in writing a proposal to develop a web-based data management system for programs collecting and reporting program outcomes related to diabetes treatment and/or prevention services. Based on recommendations from the previous Dean of the School of Medicine, efforts to strengthen collaborative partners has continued.

Services
The services provided to the SDPI and GHWIC grantees included but were not limited to data analyses/program evaluation described below.

- Assistance with the annual grant applications and annual progress reports was provided as requested. It was necessary to download the templates and determine the data analyses that would be necessary to complete the templates. The GHWIC Evaluation Plan was written through a collaborative effort with the grantee staff. The Centers for Disease Control and Prevention did not request any revisions be made to the plan.
- Data analyses needed to complete the grant applications, work plans, evaluation plans, and evaluation reports were completed. Data analyses generally compared the data from the beginning to the end of the current year or compared data from the previous year to the current year to determine improvements in the outcome measures. For the GHWIC evaluation report, data were tabulated for the first year of the grant.
- Program evaluation services were provided for the SDPI, GHWIC, TPWIC, and SAMHSA Circle of Care.
- Assistance with the Special Diabetes Program Database (SDPD) data entry, query development, and utilizing established queries were provided to grantees as needed. Queries were created on a regular basis to identify outcomes and areas in which the Diabetes Programs could show progress and/or areas to improve.
- Grantees have received assistance with the Indian Health Service SDPI Outcomes System (SOS). Some of the grantees have thousands of participants in their program activities that have been entered into the SDPD. The queries to obtain the data for the SOS system are very complicated in the SDPD. Consequently, some of the grantees have requested assistance with these queries.
• Assistance with grant applications to obtain program funding was provided.
• Assistance with the electronic grant submission process was provided as requested. Upon request, training has been provided to Program Directors regarding the process of submitting electronic grant applications and reports.
• Training in writing grant program policies was provided upon request. The Diabetes Coordinator developed and taught sessions to help Diabetes Program Directors write policies for the programs. The policies are used to provide training for their staff members and participants.
• Complex data analyses.
  o Using an Excel Spreadsheet, a de-identified one-year data comparison of the grantee’s pre and post fitness test results was completed. The fitness test included five (5) areas in which the students’ fitness skills were tested. The fitness data were completed in the fall and spring with students in multiple schools. The number and percent of students in each weight category (underweight, healthy weight, overweight, obesity, severe obesity, and severe obesity exceeding the range of expected values) who improved their fitness levels in 5, 4, 3, 2, or 1 fitness area(s) in each school and on an aggregate level were completed. A report describing these data results for each school on the reservation and an overall summary report was written and presented to the grantees’ Diabetes Program staff. Screening, fitness test, and/or program data analyses were completed for nine grantees.
  o Developed PowerPoints displaying program results over the past five to six years for five grantees. The data results tracked the trends over the years for each of the grantees.
• The services provided to two Scholarship Pathways Program medical students included following-up with the South Dakota Medicine on the paper accepted for publication. Due to the large number of student papers submitted to the journal, the paper has not been published to date.

**Accomplishments**

In preparation for competitive grant applications, grantees have requested data analyses and program evaluation sessions. The results of the data analyses and program evaluation sessions are as follows:

• Data analyses and program evaluation services were provided for the SDPI, GHWIC, TPWIC, and Circle of Care grantees either on-site, at a training location or zoom meetings.
• Good Health & Wellness in Indian Country (GHWIC) grant application, evaluation plan and evaluation report were written for one grantee. A substantial amount of data analyses were required to complete both the grant application and the evaluation report.
• Screening and/or fitness test data analyses were completed for five grantees. PowerPoints displaying program results over the past five to six years for five grantees were developed. The data results tracked the trends over the years for each of the grantees and were presented to the Diabetes Program staff and/or Tribal Health Department.

The accomplishments in working with two Scholarship Pathways Program medical students included following-up on the final comparison paper that was accepted for publication.
SD One Health

The SD One Health Working group meetings are held periodically bringing together veterinarians; human health professionals; health and agricultural educators; regulatory officials; industry stakeholders; medical, veterinary, animal and dairy science students; and livestock producers, to discuss zoonotic disease.

A SD One Health meeting was scheduled in March 2020 in Sioux Falls with the topic “Managing Pain In People and Animals: Difference, Similarities and Responsibilities.” Due to the COVID-19 pandemic this was postponed. The South Dakota Health Department staff and the state epidemiologist are very active in the SD One Health meetings and are currently consumed with the COVID-19 response. As a result, the meetings are held until we are on the other side of this pandemic. Coronaviruses and animals is a potential future topic.

The website http://www.onehealthsd.org continues to be a resource and depository of archives of previous meetings and announcements of upcoming events that pertain to zoonotic disease. There is also a list of content experts and contact information.

A traveling educational exhibit on zoonotic disease was created using the resources from a Bush grant. The exhibit was displayed at the Washington Pavilion in Sioux Falls through 2019 and was moved to the Journey Museum in Rapid City in early 2020.
2021 Goals, Accomplishments and Selected Upcoming Events

**DEVELOPMENT**
Announcement of eighth cohort of FARM students in January 2021. Seventh cohort of FARM students will begin at FARM sites in spring 2021. The class of 2024 cohort will have 11 students.

The FARM program was given a onetime gift to be used to further education and care at one of the FARM sites while positively affecting medical care of Native American patients. Through these funds, the Winner FARM site was given a Butterfly ultrasound device for point of care ultrasound. This has been expanded with additional funds to provide Butterfly devices and/or training to all the FARM sites in 2021.

SD AHEC through the USD SSOM Family Medicine Department has been awarded a three-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide medical and physician assistant students medication-assisted treatment (MAT) training. This was incorporated into the transition to residency course for all medical students. The USD SSOM Class of 2021 will be the second class to receive this training.

In 2020, 4335 medical students matched to family medicine residency programs, the most in family medicine’s history as a specialty, and 487 more than 2019. 8.6 % of US MD seniors matched in family medicine. Match results from the **USD SSOM Class of 2020 was 10 %**.

**RECOGNITIONS/APPOINTMENTS**
Susan M. Anderson, MD, (USD SSOM Class of 1997) was named the Dr Karl H Wegner Chair in Medicine

Scott Boyens, MD (USD SSOM Class of 1995) was the 2020 South Dakota Family Physician of the Year

Jeremy Beireis, MD (USD SSOM, Clinical Assistant Professor) will serve as the South Dakota Academy of Family Physicians 2021 President

**EVENTS**
Family Medicine Grand Rounds first Thursday at 12:15 pm, March, June, September and December