Greetings from the Department of Family Medicine –

It is my privilege to present to you the 2019 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. Thank you to the many faculty, staff, residents and students that participated in the multitude of different events that continue to contribute to the success of our medical school and department. Special thanks to those that contributed to this report and particularly to Loraine Hartig and Amanda Howard for their diligence in preparing the final document.

We have several partners across the state that assist in us in providing opportunities for clinical education and in workforce development through the SD AHEC Centers. Some of those include the South Dakota Academy of Family Physicians, the South Dakota Foundation for Medical Care, the Great Plains Tribal Chairmen’s Health Board, the SD Office of Rural Health, and SD One Health, among many others.

Dr. Valerie Hearns continues to serve as the Vice Chair, LIC Clerkship Director, and the Director of OSCE with the support of the departmental staff who are crucial in the organization of these integral parts of the curriculum. Dr. Roy Mortinsen, along with Education Coordinator, Cathy Logue; Program Assistant, Arica Schuknecht; and the Clinical Foundations Interdisciplinary Committee have made significant contributions to the ongoing success of the Clinical Foundations component of the Pillar 1 curriculum. Dr. Meghan O’Connell has joined the department and provides direction for the Family Medicine Mini-block/Preceptorship. Dr. Muna Ashraf serves as the Cultural Immersion Coordinator. Dr. Sherri Koch and Dr. Carissa Pietz serve as the Family Medicine Coordinator on the Rapid City and Yankton campuses.

The South Dakota Area Health Education Center (SD AHEC) Program Office is housed within the Family Medicine Department and now has three centers in Yankton, Aberdeen and Rapid City. The SD AHEC is committed to connecting students to careers, professionals to communities, and communities to better health. SD HOSA: Future Health Professionals is a high school student organization and one of the AHEC initiatives. Under the leadership of Brock Rops, SD State Advisor, HOSA has continued to make positive strides with continued growth of the membership and additional partners. Nathaniel Steinlicht joined the SD AHEC team as a Research Associate II. Sustainability will continue to remain a priority and relationships continue to grow with statewide stakeholders. In 2019, we received a MAT training grant to provide this education to graduating medical students and physician assistant students.

We continue to work across the state in reservation, rural and remote communities to locate clinical sites and the school’s work in diversity and rural health continue to be among the department’s priorities. In 2019, kindness became a unifying focus of the medical school’s strategic plan. Many of the activities that are facilitated by the department enhance the school’s kindness mission such as the Healer’s Art Seminar in Pillar 1 and other Community Outreach activities.

The specialty of Family Medicine was created in 1969 to provide personal, front-line, comprehensive care to patients of all ages. The AAFP and other partner organizations continue to promote and elevate Family Medicine as a specialty with the America Needs More Family Doctors: 25 x2030 initiative. The American Board of Family Medicine celebrated 50 years in 2019 and the SD Academy of Family Physicians will celebrate 70 years as an organized chapter in 2020!

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 420 faculty: 362 clinical faculty, 55 academic faculty, 3 adjunct and 6 emeritus faculty members. Additionally, there are 33 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. The department will continue to support their efforts and be a resource for them and for our students.

Sincerely,

Susan W. Anderson, MD
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DEPARTMENT ORGANIZATION
Department Staff

Susan M. Anderson, MD, FAAFP
Dean of Rural 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

Muna Ashraf, MD
Assistant Professor and
Cultural Immersion Coordinator

Sue Bak, RN
Instructor and Education Coordinator
Yankton Campus

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

Janet Fulk
Assistant Director FARM Program

Devon Hamlyn, BS, NRP
Instructor and Standardized Patient Coordinator
Parry Center for Clinical Skills and Simulation

Valborg Kvigne, MBA
Instructor and Coordinator Diabetes Program
Administrative Staff

Lorraine Hartig
Department Manager

Arica Schuknecht
Program Assistant II
Clinical Foundations

Deb Wilka
Senior Secretary

Jenny Wilka
Senior Secretary

Amanda Howard
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.
General Overview of Faculty/Staff

The Department of Family Medicine has 420 academic and clinical faculty members 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 a number of 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.
Thank You and Farewell:
Jean Heisler, MD, Academic Assistant Professor, retired from the Center for Family Medicine. She was instrumental in the creation of the Pierre Rural Residency Program.

Jay Allison, MD, Academic Associate Professor, left full-time teaching and practice at the Center for Family Medicine and returned to rural practice in the community of Freeman, SD. He plans to continue to be involved with resident and medical student teaching.

Devon Hamlyn, BS, NRP, worked closely with Dr. Hearns, the OSCE Committee and with Clinical Foundations through her work in the Parry Center. She has left USD SSOM to pursue further education.

Welcome and Congratulations:
Meghan O’Connell, MD, MPH. Dr. O’Connell joined the department in September. She will direct the Family Medicine Preceptorship/Mini-block.

Nathaniel Steinlicht joined the department and SD AHEC in May 2019 as a Research Associate II.

Amanda Howard joined the Department in December as Senior Secretary. She will assist with Cultural Immersion and the OSCE.

Brock Rops, M Ed, was promoted to Deputy Director of the SD Area Health Education program.
2019 Promotions

Academic Faculty

Jay R. Allison, MD
Associate Professor
Avera Medical Group
Freeman

Clinical Faculty

Crista Few, MD
Clinical Assistant Professor
Rapid City Regional Health Hospital
Rapid City

Joseph Swedzinski, MD
Clinical Assistant Professor
Avera Medical Group
McGreevy
Pierre
## Faculty Listing

**Academic Faculty ---- Total: 49**

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<td>Aaker</td>
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**Emeritus Faculty ---- Total: 6**

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**Clinical Faculty ---- Total: 362**

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### Adjunct Faculty ---- Total: 3

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### Faculty with a Cross Appointment in Family Medicine ---- Total: 33

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Recognitions and Appointed Offices

Benjamin Aaker, MD
ACEP National Chapter Relations Committee Member
South Dakota State Medical Association President Elect
SDSMA Executive Committee

E. Paul Amundson, MD
SDSMA Seventh District Medical Society Secretary-Treasurer
SDAFP Foundation Board of Directors

Susan M. Anderson, MD
SDSMA Board of Directors At-Large Member
SDAFP Foundation Board of Directors
USD SSOM 2019 Distinguished Alumnus
SDAFP Distinguished Service Award

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 Vice President

Jerome Bentz, MD
SDSMA District 6 Councilor
SDSMA PAC, Chair-elect

Tony Berg, MD
SDSMA Rosebud District Medical Society Secretary/Treasurer
SDSMA District 10 Alternate Councilor

Kevin Bjordahl, MD
SDSMA District 12 Councilor

Scott Boyens, MD
South Dakota Academy of Family Physicians Alternate Delegate

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

Mary Carpenter, MD
SDSMA Delegate to the AMA

Noel Chicoine, MD
SDSMA Pierre District Medical Society President
SDSMA District 4 Alternate Councilor

Andrew Ellsworth, MD
South Dakota Academy of Family Physicians Past President
SDSMA Madison-Brookings District Medical Society Vice President
SDAFP Foundation Board of Directors
Thomas M. Dean, MD
SDSMA District 6 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 District 8 Councilor

Anora Henderson
SDSMA Rosebud District Medical Society President

H. Thomas Hermann, Jr MD
SDSMA Foundation Board of Directors, President

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

Laura Hoeftert, MD
SDSMA District 3 Alternate Councilor

Jessica Horn, MD
USD SSOM Alumni Relations Council

Thomas Huber, MD
SDSMA Pierre District Medical Society Vice President
SDSMA District 4 Councilor

Mark Huntington, MD
SDAFP Foundation Board of Directors

Jeffrey P. Johnson, MD
SDSMA District 3 Councilor

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

Benjamin Liscano, MD
SDSMA District 3 Councilor
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 Board of Directors At-Large Member  
SDSMA Executive Committee

Stephan J. Miller, MD  
SDSMA Black Hills District Medical Society President  
SD Chapter American College of Emergency Physicians Alternate Councilor  
SDSMA Board of Directors At-Large Member

Meghan C. O’Connell, 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

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

Sarah Reiffenberger, MD  
South Dakota Academy of Family Physicians President Elect

Bobbie Schneller, DO  
SDAFP Foundation Board of Directors

Stephan D. Schroeder, MD  
SDSMA District 5 Alternate 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  
SDAFP Family Doctor of the Year

Megan Smith, MD  
SDSMA District 10 Councilor

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

Jennifer Tinguely, MD  
SDSMA Seventh District Medical Society Secretary/Treasurer
Scott VanKuehen, MD
    SD ACEP President
    SD ACEP Secretary/Treasurer
    SDSMA SD Chapter American College of Emergency Medicine Councilor

Victoria Walker, MD
    SDSMA SD Academy of Family Physicians Alternate Councilor
    Board of Advancing Excellence In Long-Term Care Collaborative

Jenna Wickersham, DO
    SDSMA District 4 Councilor
USD SSOM Committee Membership

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

Executive Committee – Susan Anderson, MD

Administrative Staff – Susan Anderson, MD; Mark Beard, MD

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

Admissions Committee – Valerie Hearns, MD; Amy Hogue, MD; Michelle McElroy, MD; Jacob Miller, MD

Faculty Development Committee – Jason Kemnitz, EdD; Benjamin Aaker, MD

Graduate Medical Education Committee – Denise Hanisch, MD; Bobbie Schneller, DO; Mark Huntington, MD; Dan Rath, MD; Amber Holmes, MD; Amy Bialas, EdD

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

Medical Education Committee – Mark Beard, MD; Valerie Hearns, MD; Sherri Koch, MD; Arleigh Trainor, MD; Janet Fulk

Medical Student Research Committee – Benjamin Aaker, MD

Student Financial Aid Committee – Mark Beard, MD

Progress and Conduct Committee – Benjamin Aaker, MD

Diversity Health Affairs – Valerie Hearns, MD
In appreciation for your hard work, please join us for the
University of South Dakota Health Affairs

2019
Faculty and Staff
Ice Cream
Social

Vermillion Campus
Monday, August 26, 2019
3:00 pm
Lee Medicine Building - Room 111

Sioux Falls Campus
Wednesday, August 28, 2019
3:30 pm
Health Science Center - Room 106

The following employees will be recognized for years of service:

10 years
Nedda Brown, Graduate Medical Education
Molly Mellencamp, Dental Hygiene
Khosrow Rezvani, Basic Biomedical Sciences
Deborah Aden, Social Work
Katie Schroeder, Office of Medical Education

15 years
Janet Folk, Family Medicine
Yifan Li, Basic Biomedical Sciences
Tony Long, Nursing
Pasquale Manzella, Medical Student Affairs
Michelle Mashed, Finance
Wendy Pederson, Basic Biomedical Sciences
William Schweinle III, Physician Assistant
Michele Seaton-Bertsch, Nursing

20 years
Srividhun Priya Anbalagan, Basic Biomedical Sciences
LaMonte Forsberg, Information Technology
Rita Humphrey, SHS Office of the Dean
Lisa Miller, Physician Assistant
Jana Richardson, Finance
Anca Schuknecht, Family Medicine, Clinical Foundations

25 years
Carmen Hammond, SSOM Office of the Dean
Lisa Sorensen, Human Resources

30 years
Barbara Brockevelt, Occupational Therapy
Lori Hansen, SSOM Yankton Campus
Cathy Logue, Family Medicine, Clinical Foundations
Mary Merrigan, Addiction Counseling & Prevention

35 years
Jonell Bly, Dental Hygiene
Michael Olson, Basic Biomedical Sciences

40 years
Rose Moehring, Center for Disabilities
Constance Twedt, Physician Assistant

UNIVERSITY OF SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

UNIVERSITY OF SOUTH DAKOTA
SCHOOL OF HEALTH SCIENCES
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.
- September 2018 – Andrew Bazemore, MD, the Robert Graham Center, Washington, DC. Topic: High Performing Primary Care and What It Means for South Dakota.
- September 2019 – Kelsey Hvidsten, MD. Topic: Female Genital Cutting.

** All past Family Medicine Grand Rounds can be viewed at [https://sites.google.com/usd.edu/fmgr/home/past-grand-rounds](https://sites.google.com/usd.edu/fmgr/home/past-grand-rounds) **
University of South Dakota Sanford School of Medicine
Department of Family Medicine

**Grand Rounds**

**Point of Care Ultrasound**

*The Visual Stethoscope*

*What is it? and Why is it significant to medicine today?*

**Thursday, March 7, 2019 at 12:15 pm CT**

Sioux Falls Health Science Center Room 106

**Video Conferencing available to:**
- Rapid City Campus Room 210
- Yankton Avera Pavilion 1400
- Vermillion Lee Med Room 201

*Other remote sites, please contact your local video conferencing coordinator.*

*NFW IP address for video conferencing: 1100055@usd.edu or 1100055@206.176.1.200*

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**Speakers:**

**Brad Kamstra, D.O., FAAFP**

Dr. Kamstra is a board certified family physician who is currently faculty with the St. Paul Family Medicine Residency. Prior to his faculty position, he practiced for 15 years in the rural town of Rock Valley, Iowa. He attended Kansas City University—College of Osteopathic Medicine for medical school and completed residency in Sioux City, Iowa. He has been a Clinical Assistant Professor for the USD Physician Assistant Studies program and now Academic Assistant Professor with the USD Sanford School of Medicine. A special interest of his is physician burnout. He serves on the LUCHT Committee at Avera which works to provide the support and tools needed to help reduce stress, improve work-life balance and prevent burnout. Dr. Kamstra also has other teaching interests including faculty for Advanced Trauma Life Support (ATLS) and most recently learning and educating about Point of Care Ultrasound (POCUS).

**Roy L. Mortensen, M.D., FAAFP**

Dr. Roy Mortensen, MD, FAAFP, is board certified in Family Medicine and has been practicing in the Emergency Department in Vermillion, SD, for the last 8 years. Dr. Mortensen finished his undergraduate and medical school at USD in Vermillion. He completed his family practice residency in Grand Forks, ND and then moved to Vermillion to practice family medicine in 2002. He switched to doing emergency medicine in 2010.

Dr. Mortensen has a passion for teaching medical students. Since 2002 he has taught Introduction to Clinical Medicine/Clinical Foundations of Medicine to both first and second year medical students. He currently serves as the director for Clinical Foundations of Medicine for the Sanford School of Medicine. He also teaches Advanced Trauma Life Support to physicians and advanced practice providers. He is a retired Lieutenant Colonel from the Army National Guard with two deployments.

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**Objectives:**

1. Define Point of Care Ultrasound
2. Understand the fundamentals to ultrasound at the bedside
3. Describe the utilization of ultrasound in practice
4. Outline the training process for medical students and practicing physicians
5. Describe goals and challenges of teaching bedside ultrasound techniques to learners

**To register go to:**
[https://sites.google.com/usch.edu/fmgr/home](https://sites.google.com/usch.edu/fmgr/home)

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This live series activity, Family Medicine Grand Rounds, from 03/01/2018 - 08/31/2019 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 AMA PRA Category 1 credits™ toward theAMA Physician’s Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1.
U.S. Preventive Services Task Force Update

Thursday, June 6, 2019 at 12:15 pm CT
Sioux Falls Health Science Center Room 106

Video Conferencing available to: Rapid City Campus Room 210, Yankton Avera Pavilion 1400, Vermillion Lee Med Room 201
Other remote sites, please contact your local video conferencing coordinator.
NEW IP address for video conferencing: 1100055@usd.edu or 1100055@206.176.1.200

Objectives:
1. Understand the USPSTF grading system for clinical preventive services
2. Be aware of evidence that exists regarding prostate cancer screening, and be prepared to counsel men who inquire about screening.

To register go to:
https://sites.google.com/usd.edu/fmgr/home

Speaker:

Michael L. LeFevre, M.D., MSPH
Future of Family Medicine Professor and Vice Chair
Family & Community Medicine
University of Missouri
Columbia, Missouri

Michael LeFevre, M.D., MSPH is the Future of Family Medicine Professor and Vice Chair of Family and Community Medicine at the University of Missouri – Columbia, and the Medical Director for Population Health at MU Health Care. He teaches residents and medical students in the inpatient and outpatient settings and maintains an active practice across the full breadth of Family Medicine including inpatient work and, through 2012, obstetrics. He served as Chief Medical Information Officer for MU Health Care and directed the implementation of the electronic medical record across the system from 2002 through 2012. Much of his academic effort has been in the area of evidence based medicine and clinical policies, and he completed more than a decade of work on the United States Preventive Services Task Force in April of 2016, including three years as co-vice chair and a year as chair. He was also a member of the Joint National Conference on Prevention, Detection and Treatment of Hypertension (JNC 8). He was elected to the Institute of Medicine in 2011. He has received numerous awards, including the University of Missouri School of Medicine Medical Alumni Association 2010 Distinguished Service Award, 2013 Citation of Merit and the University of Missouri Alumni Association 2013 Faculty-Alumni Award. He has B.S.E.E., M.D. and M.S.P.H. degrees from the University of Missouri and has been on faculty there since 1984.
Female Genital Cutting

Pearls for the Family Medicine Physician and Primary Care Providers

Thursday, September 5, 2019
at 12:15 pm CT
Sioux Falls Health Science Center Room 106

**Video Conferencing available at:** Rapid City Campus Room 210, Yankton Avera Pavilion 1400, Vermillion Lee Med Room 108

Other remote sites, please contact your local video conferencing coordinator.
NEW IP address for video conferencing: 1100055@usd.edu or 1100055@206.176.1.200

**Objectives:**
1. Identify 4 types of FGC
2. Describe common primary care concerns for women with FGC
3. Understand defihulation technique and the implications FGC type has at time of delivery
4. Review legislation that pertains to FGC
5. Access provider resources

**Speaker:**
**Kelsey Hvidsten, MD, PGY-2**
Sioux Falls Family Medicine Residency Program

Kelsey Hvidsten, MD is a second year resident of the Sioux Falls Family Medicine Residency Program. She is a graduate of St. Olaf College, Northfield, MN with a BA degree in Spanish and Intercultural Medical Practice and a graduate of Creighton University School of Medicine. She is currently working on a research project with the Maricopa Integrated Health System, Phoenix, AZ, "Enhancing Culturally-Informed Health Care Services for Women Affected by Female Genital Cutting." This is an grant is funded by the Department of Health and Human Services and the Office on Women's Health.

Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.

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

A Curious Case from the Capital
A Case Presentation

Thursday, December 5, 2019 at 12:15 pm CT
Video Conferenced from Pierre Rural Family Medicine Residency
to Sioux Falls Health Science Center Room 106
Other Video Conferencing available to: Rapid City Campus Room 210,
Yankton Avera Pavilion 1400, Vermillion Lee Med Room 108
Other remote sites, please contact your local video conferencing coordinator.
NEW IP address for video conferencing: 1100055@usd.edu or 1100055@176.1.200

Learning Objectives:
• Analyze the case and the outcomes.
• Identify the differential diagnosis of diffuse lymphadenopathy.
• Describe the evaluation of diffuse lymphadenopathy.
• Recognize the art of medicine and its use in difficult cases.
• Discuss the four basic ethical principles and the application to the case.

Speaker:
Dr. Abigail Serpan is a second year resident in the first cohort of the
Pierre Rural Family Medicine Residency Program. She attended
Fort Hays State University for her undergraduate degree and graduated from the University of Kansas School
of Medicine – Salina. Her ideal future practice is a small, rural community
practicing full-scope family medicine.

To register go to:
tinyurl.com/usdfmgr

This Live series activity, Family Medicine Grand Rounds, from
09/01/2019 - 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/AAFP Equivalency:
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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.
Inter Professional Education

The fourth IPE Screening event was held at the Dakota Dome during the Dakota Farm Show in January 2019. Multiple faculty and students representing eight disciplines from the SSOM and School of Health Sciences participated in this event. This included students from physical therapy, nursing, physician assistant, occupational therapy, dental hygiene and included six medical students. Medical students and faculty are scheduled to participate in January 2020. Due to the construction at the Dakota Dome, the Dakota Farm Show will not be held in 2020. The students will be participating in the Sioux Empire Farm Show in Sioux Falls. In preparation for this event there will be a “pre-event” training. There will also be an inter professional debrief approximately one week following the event.

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
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FACULTY, RESIDENT, and 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

2019 Award Winner:
Dr. Anora Henderson, M.D.
Winner Regional Clinic
Winner, 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

2019 Award Winner:

Jay R. Allison, 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.

2019 Award Winner:

Dr. Scott Peterson

Avera Medical Group Flandreau
Flandreau, SD
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

2019 Award Winner:

Fredric H. Thanel, MD
Center of Family Medicine, Sioux Falls, 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

2019 Award Winners:

Joseph Kolba, MD; Ryan Geraets, MD

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

2019 Award Winner:

Ryan Jorgenson, 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.

2019 Award Winner:

TiAnna Smith, MD

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

2019 Award Winner:

Luke Lansman, MD

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

2019 Award Winner:

Luke Fuhrman, 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.

2019 Award Winner:

Alfred H. Swanson, MD

RCRH Family Medicine Residency, Rapid City, SD

**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.

2019 Award Winner:

Joshua Doorn, MD

Center for Family Medicine, Sioux Falls, SD
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.

2019 Award Winner:
Rebecca Cooper, MD
Vermillion, SD

Celebrating Outstanding Students, Faculty and Alumni
On May 3, the following distinguished students, faculty and alumni were recognized for their accomplishments in learning, teaching and the practice of medicine at the Alumni Reunion. Pictured from left to right are the following award winners.

Distinguished Alumnus Award
Susan Anderson, ’97 M.D.
The alumni relations council annually honors an alumnus who actively demonstrates pride and loyalty to the medical school. Dr. Susan Anderson gives her time and talents to colleagues, the department of family medicine, students and organizations across the state. She is a 1997 graduate of our medical school and completed her family medicine training with the affiliated Sioux Falls family medicine residency program. She is chair and professor of the family medicine department, and director of the Frontier And Rural Medicine (FAR)M program.
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. Modifying goals of department as chief now that transition complete.
2. Integrate Emergency Medicine into Pillar 2 White Space (observation shift, medic shift, audition shift).
   a. Integrated into all sites this year
3. Participation with journal club
4. Redesigning EM Website
5. Assist with mission statement and focus EM Interest Group (EMIG)
6. Grant re-application of EMIG
7. 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
8. Standardize shift evaluation, now at a national level
   a. Pilot site for new tool

Future Projects
1. Further integrate EM into the entire medical student curriculum
2. Provide journal article reading list online for students
3. 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
4. Launch modified website to help direct rotation and provide resource with sub-section for EMIG, anticipate February start date.
5. Further integrate FOAM into learning and education integration into a multi-site rural setting.
6. Further identify areas to expand upon in department
   a. Simulation scenarios (integrate this with other specialties vs. do own)
   b. Ultrasound scenarios
   c. Research support for students
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.
- Insights into the workings of a national organization providing services to the elderly through the Good Samaritan Society.
- Exposure to state-of-the-art monitoring and other technology developed and tested by the Good Samaritan Society enabling older persons to stay at home independently.
- 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 speak at the South Dakota Medical Directors Association Meeting each year
- 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.

**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.

**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.

<table>
<thead>
<tr>
<th><strong>Recent Graduates</strong></th>
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<tbody>
<tr>
<td><strong>2018</strong></td>
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| Joseph Rees, DO  
Avera eCare Services and Geriatrics Clinic  
Sioux Falls, SD  
| Shamim Sultana, MD  
Geriatrician  
Sioux Falls, SD  
|
| **2017** |
| Deborah Kullerd, MD  
Geriatrician  
Spearfish, SD  
|
| Kwabena Kwakye, MD  
Avera Hospitalist and eCare Services  
Sioux Falls, SD  
|
| **2016** |
| Kerry Blackham, MD  
Family and Geriatric Medicine  
Phillip, SD  
| Fatima Kidwai, MD  
Avera St Luke’s Aberdeen, SD  
Head Hospitalist  
|
| **2014** |
| Scott Balson, MD  
Medical Director of Geriatrics  
Tacoma, WA  
|
| **2013** |
| Oluma Bushen, MD  
Director of Geriatric Services  
Avera McKennan Hospital & University Health Center  
Sioux Falls, SD  
| Farzin Farajzadeh, MD  
Geriatrics  
Loma Linda, CA  
|
Our Fellows

Evelyn Ivy Mwangi, MD
Part Time Fellow
Locums Hospitalist
Medical School: Kansas City University of Medicine & Biosciences College of Osteopathic Medicine
Residency: University of South Dakota Sanford School of Medicine

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
- The Evangelical Lutheran Good Samaritan Society
Everything you want to know about successful ageing, as told by someone who has not done it yet.

Friday, December 6, 2019
Avera Pasque Place, 3901 W. 59th St. Sioux Falls, SD 57105
Classrooms: AH-CAL - 148 & 149
Use south entrance and parking lot behind the building.
Registration begins at 7:30 A.M.

There will be a wide range of speakers to include a medical student, chief resident, Geriatrics Fellow, CNA, physicians, and nurses as well as an attorney.

*Nurses, please encourage your aids to attend this conference. See special breakout session designed especially for them.

For more information, please call or email Myrna Boekhout at 605.357.1410 or Myrna.Boekhout@usd.edu

To register:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint provideship of Avera and the USD Sanford School of Medicine. Avera is accredited by the ACCME to provide continuing medical education for physicians. Application has been made for continuing medical education.

AGENDA
7:30-8:00 Registration
8:00-8:15 Intro
8:15-9:45 Staying Healthy
9:45-10:00 Break
10:00-12:00 Staying Out of Trouble
12:00-12:30 LUNCH
12:30-2:00 Staying Out of Financial Trouble
2:00-3:30 Staying Out of Institutions
3:30-3:45 Break
3:45-4:30 Staying Comfortable
4:30-close Staying Out of Codes

BREAK OUT SESSION FOR NURSE AIDS
10:00-10:40 Education
10:40-11:00 CNA as a First Step
11:20-12:00 Long Term Career as Aid
12:00-12:30 LUNCH
12:30-1:00 Demystifying Behaviors in Dementia
1:00-2:00 Round Table
DIVISIONS of CURRICULUM
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 get 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
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Program Assistant:
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General Synopsis:

In Clinical Foundations 1 the students learn how to take a medical history and do basic physical exam skills related to the system they are studying in their anatomy section of the Medical Foundations block. Students are introduced to the problem focused enhanced progress note (SOAP note) with an exercise for each system covered. Also, in conjunction with the anatomy section during this course, the students get hands on experience with bedside ultrasound that is used to evaluate the anatomy and demonstrate disease. 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 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 pathology that 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, bedside ultrasound uses, and nutrition. Students also expand their clinical experiences during the Professional Development component as discussed below. In February, the students travel to Pierre for a Service Learning experience at the Pierre Indian Learning Center, identify the challenges of providing medical care for inmates at the Pierre Woman’s Correctional Facility, and learn how legislation can affect the practice of medicine during Legislative Day.

In Clinical Foundations 3 the students continue with the Professional Development Experiences, learn the cardiovascular physical diagnosis, and combine their skills to perform complete histories and physicals, problem focused enhanced progress notes, and case presentations. In CF3 the students have the opportunity to improve their clinical abilities by playing the role of the doctor, the patient, and the evaluator in structured, simulated clinical visits. 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.

**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 specialty 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 related to cultural diversity were introduced this year; both didactic and experiential. 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; a couple of examples are given 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 9am 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:

- 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. Fridays 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 a 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:

- Through the efforts of 2 students in the scholarship pathway program, we have put together video’s for the first year medial students to use to help them with their OSCE 1 exercise. These 2 students (Sara Lehmann and Rebecca Glanzer) worked with me and the Parry Center staff to develop physical exam videos that demonstrate how to do the exam. Most of the medical students found this very helpful.

- Point Of Care Ultrasound curriculum for Pillar 1 has been developed and implemented. Students have enjoyed the hands-on training and ability to identify anatomy with the ultrasound machines. We are now incorporating more stations for better ratios of students to instructors with more hands-on time for the students.

- One of the challenges of teaching ultrasound is finding faculty that can help. This year we held a Bedside Ultrasound Faculty Development Continuing Medical Education activity that offered over 16 CME credits. This activity was an effective way to train faculty to use bedside ultrasound and increase their confidence in teaching ultrasound skills to students. Faculty get to know what Pillar 1 students have learned and can build on their own skills. This activity did not add any additional costs, was convenient for local faculty, and provided CME credit needed for credentialing.

- We have added different cultural activities and diversity experiences into the curriculum giving our students tools to use to help patients of different backgrounds. For more details please see the table below.

- For the 15th consecutive year, first year medical students participated in Legislative Day in Pierre (started in February 2004). Our students are fortunate to have close interactions with the Governor, Lieutenant Governor, Secretary of Health, State Epidemiologist, and other state leaders.

- All first-year medical students participated in a service-learning project with the students of the Pierre Indian Learning Center. The PILC School Nurse and Counselor report how excited their students are to participate in the “Health Fair” put on each year by the medical students.

- Students were also given the opportunity to tour the Women’s State Prison and learn firsthand the unique needs of meeting the health care needs of incarcerated women: i.e. prenatal and postnatal care, caring for the effects of substance abuse, mental health needs, etc. An inmate spoke with the students about her personal experiences of substance abuse and long-term incarceration.

- As mentioned at the beginning of this document, first year students learned how to give constructive feedback to their fellow classmates during a peer-graded exercise of history taking using a rubric for grading. This was developed as a peer-learning tool as well as addressing the resource challenge of timely, meaningful and individual feedback to a class of 71 students on their comprehensive medical history write-ups. The first three Medical History Taking sessions are peer graded, with the final (fourth) write-up graded by the Course Director. As evidenced by the final write-ups the students had taken the peer feedback seriously and added to the students’ active learning.

- The Clinical Foundations of Medicine Course is the biggest user of the Parry Simulation Center with students involved in simulated cases and various skills sessions. Students enjoyed the opportunity to be exposed to the more advanced skills of thyroid ultrasound, intubation, ultrasound, etc.

- Through Dr. Beard’s partnership with Dr. Jon Peacock, students spent a morning talking with and listening to the hearts of several patients with different murmurs at Cardiovascular Associates in Sioux City.

- Students are assessed through four OSCE’s throughout Pillar 1:
  - OSCE 1: evaluates physical exam skills of the abdomen, thorax, knee and shoulder joint, head and neck, nervous system, and communication skills.
  - OSCE 2: evaluates medical history taking skills, communication skills, and the medical history write-up.
  - OSCE 3: evaluates students’ physical exam skills through stations with Standardized Patients with different chief complaints, as well as summative testing of materials covered in lectures.
  - OSCE 4: evaluates the student performance of obtaining a complete history and physical as well as an exercise in performing a focused H&P, SOAP Note, and the Oral Case Presentation.
### Clinical Foundations Diversity Activities

#### Report for Medical Education Committee June 2019

<table>
<thead>
<tr>
<th>Clinical Foundations Diversity Curriculum</th>
<th>Lecture Type</th>
<th>Duration</th>
<th>Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>CF1 Introduction to Bias and Cultural Diversity</td>
<td>lecture</td>
<td>3 hrs</td>
<td>Dr. Mark Beard</td>
</tr>
<tr>
<td>CF1 Introduction to Societal Problems</td>
<td>lecture</td>
<td>.75 hrs</td>
<td>Dr. Mark Beard</td>
</tr>
<tr>
<td>CF1 Medical History Taking with ESL Patient</td>
<td>SP encounter</td>
<td>.5 hrs</td>
<td>Dr. Roy Mortinsen</td>
</tr>
<tr>
<td>CF2 Native American Perspectives Intro</td>
<td>lecture</td>
<td>.75 hrs</td>
<td>Dr. Donovan Williams</td>
</tr>
<tr>
<td>CF2 Experiences working in IHS at Eagle Butte</td>
<td>lecture</td>
<td>.75 hrs</td>
<td>Dr. Cindi Pochop</td>
</tr>
<tr>
<td>CF2 Service Learning at the Pierre Indian Learning Center; Med Students put on a Health Fair</td>
<td>service learning</td>
<td>2 hrs.</td>
<td>Dr. Roy Mortinsen</td>
</tr>
<tr>
<td>CF2 Women’s Prison in Pierre; Tour &amp; background information by the Warden, Nurse &amp; Social Workers</td>
<td>Tour, lecture, small group sessions with inmates</td>
<td>2 hrs.</td>
<td>Warden, Nurse &amp; Social Workers, Inmates</td>
</tr>
<tr>
<td>CF2 Nutrition; Students complete an implicit bias exercise related to weight</td>
<td>Large group discussion</td>
<td>.25 hrs.</td>
<td>Dr. Suzanne Stluka from SDSU</td>
</tr>
<tr>
<td>CF2 &amp; 3 Professional Development Component: Students must document a patient encounter and/or an educational presentation from which they learned more about cultural diversity.</td>
<td>Self-directed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CF1, 2 &amp; 3 Implicit Bias Training: students complete 2 modules each semester</td>
<td>Self-directed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CF2 *Cultural Sensitivity Journal Club</td>
<td>Small group discussion</td>
<td>1 hr.</td>
<td>Dr. Donovan Williams</td>
</tr>
<tr>
<td>CF1 &amp; 2 *Cultural Sensitivity Training at Sioux Falls Indian Urban Health, Sioux Falls</td>
<td>Lecture, small group activities</td>
<td>3 hrs.</td>
<td>Theresa Henry, Culture Keeper</td>
</tr>
<tr>
<td>CF2 &amp; 3 *Kyle Indian Health Center on the Pine Ridge Reservation</td>
<td>Clinical experience</td>
<td>2 days</td>
<td>Dr. Kimberly Montileaux</td>
</tr>
<tr>
<td>CF2 &amp; 3 *12 Clans Hospital at Winnebago, Nebraska</td>
<td>Clinical experience</td>
<td>1 day</td>
<td>Dr. Lynelle Nosey Hawk</td>
</tr>
<tr>
<td>CF2 &amp; 3 *Flandreau Santee Sioux IHS Tribal Health Clinic</td>
<td>Clinical experience</td>
<td>½ day</td>
<td>Dr. Joe Prasek</td>
</tr>
<tr>
<td>CF2 &amp; 3 *Volunteering at the Vermillion Welcome Table, Coyote Clinic, Banquet</td>
<td>Service learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CF1, 2 &amp; 3 *Diversity Dialogues-see listing on following page</td>
<td>Lecture/Recording</td>
<td>1 hr.</td>
<td>Various speakers</td>
</tr>
</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

We will continue to push for innovation in medical education by:

Teaching basic ultrasound skills to students and attendings and perhaps transform the way physicians provide patient care by providing real-time visual data to help with clinical decision-making, while encouraging the “return to the bedside” and more direct patient contact.

We plan on producing more videos to help students not only with doing a history and physical, but to improve their clinical reasoning.

We plan on keeping diversity experiences in the curriculum and exploring more opportunities for the students.

We are developing a student app or folder that will provide templates for student write-ups. This will give the student a blank form to use in H&P write-ups for adult medicine, pediatrics, psychiatry, and OB. We will be working with Pillar 2&3 instructors in these fields to help develop some basic templates that they can continue to use and add to the folder throughout all pillars. We are currently working on Adult Medicine and Psychiatry.

Our goals are to transition the students from recorders and reporters of the history and physical exam to using these tools to making accurate differential diagnoses and clinical decisions. We plan to do this by continuing to use enhanced progress notes and clinical cases for each block, then building on that foundation with students observing faculty, students observing other students, and teaching other students what they have learned. Clinical Foundations in Medicine course will give the students the opportunity to bring these skills together and test their abilities to think like doctors.
Surgical Gowning and Gloving: Danielle Miller and Rebecca Glanzer
Members from the Class of 2022 at the Kyle Indian Health Center
Nick Wilde, Brendan Amiotte, Colby Felts, Halie Mechels, Shauneil Schwartz, Stormy Roy
Members from the Class of 2022 at the Kyle Indian Health Center
Benji Waletzko, Hanna Lechisin, Carl Lang, Kayla Knutson, Caitlin Brandt, Danielle Miller
Legislative Day 2019

Governor Kristi Noem addressing the Class of 2023 during Legislative Day

Class of 2023 at the SD Capitol with Cathy Logue, Dean Mary Nettleman, Gov. Kristi Noem, & Dr. Roy Mortinsen
Service Learning at PILC 2019

Class of 2023; Service Learning Health Fair for the students of the Pierre Indian Learning Center
Pillar 2
Submitted by: Susan M. Anderson, MD, Department Chair

History
This is the 72nd year of the Family Medicine Preceptorship/Mini-Block. There were 66 students placed in 32 sites in 29 communities from February 11 - May 17, 2019. 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 35 different family physicians at 16 different clinics in Sioux Falls; 10 different family physicians at 6 different clinics in Rapid City; and 7 family physicians in Yankton. The FARM sites accounted for 9 students at seven sites. Teaching sites included clinics with affiliations at Avera Health, Sanford Health, Rapid City Regional, Yankton Medical Clinic, independent practitioners’ offices and both Family Medicine Residency programs (Center for Family Medicine and 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.

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 2019 include:

- Milbank (1 student)
- Mobridge (1 student)
- Parkston (2 students)
- Pierre (1 student)
- Spearfish (1 student) – Spearfish will increase to 2 students in 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, telemedicine, and videoconferencing. Tele-Observed Structured Clinical Exam (OSCE) sessions, 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 Students**

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. An application process follows for interested students. Applicants are interviewed by members of the FARM Program Selection Committee and notified of the committee's decisions. Students are subsequently matched with communities based on student preferences, with the goal to honor their first or second choices.

The first cohort of five students, Class of 2016, began their residencies the summer of 2016, including four to Family Medicine and one to Physical Medicine and Rehabilitation.

The second cohort of six FARM students, Class of 2017, began their residencies summer of 2017, including two Family Medicine, two OB/Gyn, and one each to Ophthalmology and Psychiatry.

The third cohort of six FARM students, Class of 2018, began their residencies summer 2018, including three Family Medicine, one each to OB/Gyn, Psych, IM, and Anesthesia.

The fourth cohort of nine FARM students, Class of 2019, began their residencies summer 2019, including one Family Medicine, two Dermatology, three OB/Gyn and one Anesthesia.

Our fifth cohort of nine FARM students, Class of 2020, ended their Pillar 2 FARM experience by returning to the campus to present their community projects. Rebecca Cooper won the “Best Community Project” Award with her Dementia Education project. They transitioned to Pillar 3 in February 2019 and will graduate in May 2020.

The sixth cohort of ten FARM students, Class of 2021, deployed to their FARM sites in late March 2019 and will complete their Pillar 2 experience at the end of January 2020. They have been well received in their communities and have developed lifelong relationships with their physician coordinators and the staff in their sites. They continue to develop their clinical skills, along with their interpersonal skills while forming meaningful relationships with their patients and community members. They have had some unique experiences, including an afternoon spent with Dr. Rick Holm, the Prairie Doc and a Neurology case presentation day with Dr. Jerome Freeman. They return in January to present their community projects prior to taking their NBME exams.
In addition to these experiences, the Class of 2021 was instrumental in decorating a “FARM” tree for the Christmas at the Capital event this year and members of the class worked to provide handmade ornaments representing their site.

The seventh cohort of ten FARM students, Class of 2022, was selected in December 2018. They have enjoyed case presentations from some of the physician coordinators throughout the year. Each student provided a short biography about themselves that was shared with their sites in October. They begin their formal orientation in February 2020, followed by mini-blocks in Sioux Falls, before deploying to their sites in March 2020.

The FARM Program was presented to the Class of 2023 in October, in anticipation for the eighth cohort of students that will be deployed in the spring of 2021. Current and former FARM students led the presentation. This presentation was followed up a week later with a Question and Answer session led by Janet Fulk, in Vermillion. The application process closed on Monday, December 2, with 18 applications. Interviews were held on December 11th and a new cohort of 11 students was chosen from the highly qualified applicant pool. Case presentations will begin early in 2020 and the students will be encouraged to begin to form relationships with their host community ahead of their arrival.

<table>
<thead>
<tr>
<th>Class of</th>
<th>Class Size</th>
<th>Number of Applicants</th>
<th>Accepted</th>
<th>Completed FARM</th>
</tr>
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<tbody>
<tr>
<td>2016</td>
<td>63</td>
<td>7</td>
<td>6</td>
<td>5</td>
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<td>2017</td>
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<td>2018</td>
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<td>2019</td>
<td>71</td>
<td>9</td>
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</tr>
<tr>
<td>2020</td>
<td>71</td>
<td>13</td>
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<tr>
<td>2021</td>
<td>71</td>
<td>15</td>
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<tr>
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<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>
<td>TBD</td>
</tr>
</tbody>
</table>

Table 1 FARM Enrollment Data

**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.
**Scholarships and Awards**

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

The Class of 2020 presented the summation of Community projects in January 2019 under the same parameters as the previous class.

In 2019, the SDAFP FARM Community Project scholarship was awarded to Rebecca Cooper for her Dementia Education project titled “Don’t Forget the Family” offered to the Vermillion community.

This is also the fourth year of a five-year commitment by the South Dakota Foundation for Medical Care 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. Our sincere appreciation to Dr. & Mrs. Edward A. Kaufman for their ongoing support of rural medicine education.

**Research Projects**

The Class of 2021 participated in research around their Hospital Quality Improvement Projects (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.

**FARM in Photos**
Publications:

10. Assam JH, Ferguson T, West N, Spencer TS. An evaluation of SPOT™ vision screening efficacy for children in South Dakota. In: *South Dakota Medicine*. Sioux Falls, SD: The Ovid Bell Press (Accepted for publication on October 2017)

Non-print / Online materials:


Non-peer-reviewed publications:

Presentations:


Awards

1. Austin Eggers (2020) – Gold Humanism Honor Society
2. Rebecca Cooper (2020) – 2019 Outstanding FARM Community Project Award
3. *Dr. Anora Henderson – Edward J. Batt Memorial Award
4. Kayla Munger (2020) - Satish Koneru Award for Excellence in Physiology
7. Katherine Kondratuk (2019) - 2018 Outstanding FARM Community Project Award
8. Anna Bahnson (2019) - 2018 recipient of the Excellence in Public Health Award, presented by the US Public Health Service
10. Anna Bahnson (2019) – Dr. Robert Raszkowski Scholarship Award
13. *Dr. Jason Wickersham - inducted into Alpha Omega Alpha Honor Medical Society - May 3, 2018 - FARM physician coordinator
15. Emily Endres (2019) – Gold Humanism Honor Society
18. John Person (2017) – inducted into AOA Spring 2017
20. Jed Assam (2017) – Glen Adams & Danny Adams TDCJ Intern of the Year Award (award for demonstrating work ethic, knowledge and compassion that was consistently superior and exemplary during internship) – 2018
22. Ryan Buse (2017) – Gold Humanism Honor Society
23. *Dr. Nanci Van Peursem – AOA Volunteer Clinical Faculty Award – 2017
24. Heather Kapperman (2016) – Gold Humanism Honor Society
25. George Ceremuga (2016) – Gold Humanism Honor Society
27. George Ceremuga (2016) – first recipient of the Laura Davis Keppen AOA Scholarship

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
Department of Family Medicine
Frontier And Rural Medicine Program

Presents

Class of 2020
FARM Student Community Projects

January 11, 2019
8:00am CT (7:00am MT)
Sioux Falls Health Science Center 106
(Video Conferencing will be available from all FARM sites)

Emmett Chappelle/Garrett Weber – Winner
“Hepatitis C Awareness at Community Health Fair”

Rebecca Cooper – Vermillion
“Dementia Education: Creation of a Training Program for Informal Caregivers”

Austin Eggers – Milbank
“Improving Type 2 Diabetes Management in Rural Communities Through an Interdisciplinary Approach”

Ali Haines – Pierre
“Preventing Asphyxiation in Child Care Facilities”

Kayla Munger – Spearfish
“Improving Vaccination Rates in the Clinic”

Molly Ervin Person – Parkston
“Girls on The Run: Empowering Girls in South Dakota

Victor Strasburg – Parkston
“HPV Community Education Project”

Brittany Van Ness – Mobridge
“Implementation of Depression Screening in Rural SD”
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 are able to 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 2019 were:
1st place: Jaelin Otta: “Children’s Home Society of South Dakota: Restoring Hope”
2nd place: Natalie Walter, Kindra Sullivan (FARM) and Karina Ortman (FARM): "1-888-373-7888"
3rd place: Andre Hafner and Levi Franz: "Native American Care in Urban Environment: CHR and Sioux Sans IHS"

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. 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.

<table>
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<tr>
<th>Sites Utilized in 2019</th>
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<tbody>
<tr>
<td>Black Hills Works</td>
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<tr>
<td>Pine Ridge Retreat Center</td>
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<td>Rosebud</td>
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<td>Children’s Home Society</td>
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<td>Oak Lane Hutterite Colony</td>
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<tr>
<td>Dougherty Hospice House</td>
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<td>DakotAbilities</td>
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**Accomplishments**

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

**Future Goal**

Our goal is to incorporate an ethics discussion regarding Cultural Humility into the speaker day of Cultural Immersion Week.
Beyond Borders

The Cultural Colloquium was conducted August 19-25, 2018. During this time, 56 female medical students studied cultural diversity and provided community service. Numerous educational programs and methods have been developed to increase medical students’ awareness and competence in cross-cultural skills. While many are in the traditional classroom, the community has emerged as a critical educational setting. With this in mind, the cultural immersion week was designed around the various different cultures that exist within our state and communities.

On the first day, students heard from various speakers who represented diverse cultures. On the second day, they visited the Oas LA Ite Etecno Culture near Bridgewater. The first few days were committed to self-selected cultural immersion and service learning experiences throughout the state.

The Beyond Borders Poster Session is an opportunity for students to share aspects of their three-day immersion and service experience during the Cultural Colloquium. The following questions guided the development of their posters:

1. What was your interaction with the culture you studied? What did you learn about your own culture by interacting with their culture?
2. Did you have any impact? Did others relate any thoughts about having you there? Did the experience have any impact on you?
3. Did you learn about any medical conditions relating specifically to the culture you studied? Did you validate these findings in the literature?
4. What did you learn about the culture of study that you wish others to learn?

If you would like additional information about this program, please call the department or email 605-357-1500
CulturalImmersion@usd.edu

We want to extend special appreciation to Sanford Research and Rapid City Regional Hospital for their support of the poster session.

Cultural Immersion Sites, Poster Titles and Authors

Rapid City Campus

Monday, October 21, 2019 from 10:00 am – 12:00 pm (MT), Room 212

1. Back Roads Eats, Rapid City, SD
2. Black Hills Works, Seeing the Person Beyond the Disability: A Tour of Somber and Sacred
3. U.S. Community Health Representatives, Rapid City, SD
4. Native American Case in the Urban Environment: HRA and Violence Set in RT
5. Audio stories and Lost Forest
6. The Hopi Center, Rapid City, SD
7. Pine Ridge Indian Reservation: Pine Ridge Reservation, SD
8. Our Seed to Thunder Valley
9. Native Elders, Rapid City, SD
10. New Alternatives: Housing Those in Need
11. Thunder Valley and Wounded Knee: Learning the Past the Hope Alliance and the Lakota Restoration

Yankton Campus

Tuesday, October 22, 2019 from 10:00 am – 12:00 pm (MT), Room 212

1. Lakota Culture and the Rosebud Reservation: Jason Caverly and Audrey Anderes
2. Rehabilitation Center for the Blind and Visually Impaired, Sioux Falls, SD
3. The Ability of the Rehabilitation Center of the Blind to Empower individuals who are Visually Impaired
4. Mary Hanson and Morgan Aragon (SP)
5. Pine Ridge Indian Reservation: Pine Ridge Reservation, SD
6. Our Seed to Thunder Valley
7. David Allen and Ryan Pfeifer (SD)
8. Published Culture: Dr. Thompson

Sioux Falls Campus

Wednesday, October 23, 2019 from 10:00 am – 12:00 pm (MT), Room 212

1. Sanford Social Services Center for New Residents, Sioux Falls, SD
2. New Alternatives: Housing Those in Need
3. Native American Case in the Urban Environment: HRA and Violence Set in RT
4. Pine Ridge Indian Reservation: Pine Ridge Reservation, SD
5. New Alternatives: Housing Those in Need
6. Native American Case in the Urban Environment: HRA and Violence Set in RT
7. Rehabilitation Center for the Blind and Visually Impaired, Sioux Falls, SD
8. The Ability of the Rehabilitation Center of the Blind to Empower individuals who are Visually Impaired
9. Mary Hanson and Morgan Aragon (SP)
10. Pine Ridge Indian Reservation: Pine Ridge Reservation, SD
11. Sanford Social Services Center for New Residents, Sioux Falls, SD
12. Rehabilitation Center for the Blind and Visually Impaired, Sioux Falls, SD
13. The Ability of the Rehabilitation Center of the Blind to Empower individuals who are Visually Impaired
14. Mary Hanson and Morgan Aragon (SP)

Faculty

Mona Astrud, MD
Cultural Immersion: Course Director
Department of Family Medicine

Student Poster Sessions

Monday, October 21, 2019 – 10:00am – 12:00pm MT
Rapid City Campus – Room 212
Tuesday, October 22, 2019 – 10:00am – 12:00pm MT
Yankton Human Services Center, Multipurpose Room
Wednesday, October 23, 2019 – 10:00am – 12:00pm MT
Sioux Falls Convention Center

Open to the Public

We want to extend special appreciation to Sanford Research and Rapid City Regional Hospital for their support of the poster session.
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. 100% students in the Class of 2019 were successful in passing USMLE Step 2 CS on the first attempt. 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
Sarah Scott, Class of 2020 successfully implemented and completed a SPP project that focused on development of the video enhanced Notewriter case bank that can be used by our students to prepare for patient note writing. This is beneficial for our high stakes OSCE and Step 2 CS exams. Dr. Hearns and Dr. Kozmenko served as mentors. Other OSCE related presentations occurred at: the International Network for Healthcare Workforce and Education conference in Dublin, Ireland; the International Association of Medical Science Educators conference in Roanoke, VA; and the International Meeting for Simulation in Healthcare conference in San Diego, CA. The October issue of SD Medicine featured a summary and comparison article of our OSCE and Step 2 CS with coauthors Sarah Scott, MS4, Dr. Hearns, and Dr. Matt Barker.
**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 committee membership:
Dr. Valerie Hears (OSCE Director and Committee Chair), Dr. Mark Beard, Dr. Brad Kamstra, Dr. Val Kozmenko, Dr. Delf Schmidt-Grimminger, Dr. Kimberly Woolhiser, Dr. Shane Schellpfeffer, Brian Wallenburg, Devon Hamlyn, Deb Wilka, Shelite Vacek, and Dr. Jennifer Hsu.
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.

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 43 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 was added starting with the Class of 2021 and will also 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 start January, all sites
• Expand exposure through pillars
• Updating of website

Future Goals
• Complete website update
• Expand use of FOAM to link multiple rural sites
• Coordinate with associated specialty for skills night
• 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: Susan M. Anderson, MD, Department Chair

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**
Six students in the Class of 2020 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

In calendar year 2019, nine students elected to take Healthcare for the Underserved Elective. Eleven are scheduled to take the course in 2020 and seven are signed up to take it in 2021. A total of 18 students are taking this elective from the Class of 2021.

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
12. Mitchell Jail – Round at the Mitchell jail with physicians from Mitchell Clinic
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. Joshua Sole – 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
For calendar 2019, 22 students elected to take the Family Medicine Sports course with a site breakdown of Rapid City (four students) and Sioux Falls (18 students). Twenty-two students are signed up to take the elective in 2020, including 9 at Sanford, 10 at Avera, 2 at Rapid City and 1 in Aberdeen.

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 2019, nineteen students elected to take the Research in Family Medicine course. This compares to the six in 2018, and six students that are slated to take the course in 2020.

Focus on Family Medicine Elective

**Objectives**

This elective course provides a model for the provision of quality medical care for families living in rural communities. Students provide patient care under the direction of supervising board certified physicians. It is designed for students desiring additional experience in rural family medicine. Learning objectives have been developed.

**Students**

In calendar year 2019, eight students elected to take the Focus on Family Medicine course. This compares with four in 2017, eight in 2018, and one students are slated to take the course in 2020.
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, ePharmacy, 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. The Future of Telemedicine- What is your perspective on this kind of health care delivery? What could be done that is not yet being done?

Students
In calendar year 2019, eleven students elected to take the Focus on Avera Telemedicine course. This compares with sixteen students in 2018, and eleven are slated to take the course in 2020.
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
In calendar year 2019, four students elected to take the Native American Healthcare course. This compares with two students in 2018, and four are slated to take the course in 2020.
Chronic Pain and Drug Dependent Elective

Coordinator: Craig Uthe, MD, Clinical Professor

Objectives
This clerkship allows medical students to learn from and assist in the care of patients with chronic pain and/or drug dependence, many of which have addiction to opioids and other substances. Settings may include clinics, methadone treatment centers, medical centers and other chronic pain/addiction treatment facilities.

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
In calendar year 2019, ten students participated in the Chronic Pain and Drug Dependent Elective. This compares with the nine students in 2018, and eleven students are slated to complete the elective in 2020.
Health Policy and Physician Leadership Elective

Coordinator: Daniel Heinemann, MD, Clinical Associate 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 2019, eight students elected to take the Health Policy and Physician Leadership Elective compared to five students in 2018. Four students are slated to take the course in 2020.
One Health

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 will enhance the students’ knowledge base. Students will 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 will be a 1 to 2 week elective with 1 or 2 students. It will be offered February through November. As a requirement of the elective students will 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

Instructors:
Dr. Susan Anderson
Dr. Jennifer Hsu

Students:
Four students are slated to take One Health in 2020
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. Escape room skills night
5. Original skills 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: Rebecca Cooper, MS IV, Class of 2020

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:
Rebecca Cooper, Class of 2020
Ty Moody, Class of 2021
Carl Lang, Class of 2022
Mason McCain, Class of 2023

Activities
- FMIG Meet and Greet: Students and physicians met to enjoy dinner and discuss the many roles of family physicians with physicians from the Vermillion area. Drs. Aaron and Leah Prestbo also discussed their careers in family medicine. This event was well attended and received by the students.
- A “Match Panel” was held with recent graduates of USD SSOM in the spring for students to discuss navigating residency applications and recommendations on clinical coursework.
- FMIG, the Department of Family Medicine and the SDAFP facilitate student participation in regional and national meetings. Six students attended the AAFP National Conference of Family Medicine Residents and Medical Students, in Kansas City, Missouri in July 25-27, 2019. Those students were: Rebecca Cooper (2020), Austin Eggers (2020), Charissa Etrheim (2020), Emily Penning (2020), Victor Strasburg (2020) and Carl Lang (2022). Again, we thank the SDAFP for helping sponsor the students’ attendance.
- Emily Endres, Class of ’19, was selected as a 2019 Student Scholar by the Society of Teachers of Family Medicine. She attended the STFM Medical Student Education Conference, January 31 – February 3, 2019 in Jacksonville, FL. This is a highly competitive award, as some of the best and brightest medical students are
nominated from across the country. In addition to recognizing Emily’s strong commitment to family medicine through scholastic, volunteer and leadership pursuits, this award also acknowledges potential for a career in academic medicine. Emily participated in a poster presentation during this conference highlighting her community project from her experience in the FARM program in Vermillion.
Ben Meyerink, Class of ’17, Family Medicine resident at the Mayo Clinic, was the 2019 nationally elected Resident Delegate. In his role, Dr. Meyerink represented member interested at the AAFP Congress of Delegates and functioned as a member of the AAFP Commission on Education.
Recognition and Appointed Offices

South Dakota Academy of Family Physicians Board of Directors:

- Brooke Jensen, MD – CFM resident
- Joy Mueller, MD – RCRH resident
- Erik Manke – Class of 2019
- Rebecca Cooper – Class of 2020

Family Medicine Interest Group Representatives:

- Carl Lang, Class of 2022
- Ty Moody, Class of 2021
- Rebecca Cooper, Class of 2020
- Mason McCain, Class of 2023

AAFP Congress of Delegates Resident Delegate:

- Ben Meyerink, MD – Class of 2017
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>Residency Rate</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>
</tr>
<tr>
<td>2006</td>
<td>8 students attended (5-MSII, 3-MSIII)</td>
<td>5 attended a Family Medicine Residency</td>
</tr>
<tr>
<td>2007</td>
<td>10 students attended (5-MSII, 4-MSIII, 1-MSIV)</td>
<td>5 attended a Family Medicine Residency</td>
</tr>
<tr>
<td>2008</td>
<td>12 students attended (1-MSII, 8-MSIII, 3-MSIV)</td>
<td>4 of 10 have attended a Family Medicine Residency*</td>
</tr>
<tr>
<td>2009</td>
<td>8 students attended (1-MSII, 4-MSIII, 3-MSIV)</td>
<td>6 attended a Family Medicine Residency</td>
</tr>
<tr>
<td>2010</td>
<td>3 students attended – all MSII</td>
<td>2 attended a Family Medicine Residency</td>
</tr>
<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>
<tr>
<td>2014</td>
<td>5 students attended (4-MSII, 1-MSIII, 1-MSIV)</td>
<td>5 attended a Family Medicine Residency</td>
</tr>
<tr>
<td>2015</td>
<td>9 students attended (6-MSIII and 3-MSIV)</td>
<td>8 attended a Family Medicine Residency</td>
</tr>
<tr>
<td>2016</td>
<td>9 students attended (4 MSIII and 5 MSIV)</td>
<td>9 of 9 are attending a Family Medicine Residency</td>
</tr>
<tr>
<td>2017</td>
<td>10 students attended (8 MSIV and 2 MSIII)</td>
<td>9 of 10 are attending a Family Medicine Residency</td>
</tr>
<tr>
<td>2018</td>
<td>4 students attended (all MSIV)</td>
<td>2 of 4 are attending Family Medicine Residency*</td>
</tr>
<tr>
<td>2019</td>
<td>6 students attended (5 MSIV and 1 MSI)</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
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 west-central Minnesota. He is extensively involved in international health in educational, clinical, and research capacities.

**Dr. Jay Allison, MD**
Dr. Jay Allison is a 1995 graduate of the University of Nebraska Medical School. He completed his residency at Siouxland Medical Education Foundation in Sioux City, IA, and has practiced in the communities of O’Neill and Bassett, NE, as well as Freeman and Yankton, SD. His tropical/international medical experiences include annual trips to Mexico, the Dominican Republic and Haiti. From 2013 to 2014 Dr. Allison’s family lived on the edge of the Amazon jungle in Ecuador where he served at Hospital Vozandes del Oriente and taught Ecuadorian medical residents. He is a member of the Academy of Family Physicians, the Christian Medical and Dental Association and the American Society of Tropical Medicine and Hygiene. Dr. Allison is married and has four children. He enjoys medical ministry, hunting, fishing and family time.

**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. Fred Thanel MD, MPH**
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 faculty here in December of 1993. His 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. 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.
CLASS OF 2019
PROGRAM

Welcome ..........................................
Jo Erickson
Meal Blessing
Buffet Lunch
“A Message to Graduates” ......................
Dr. Jean Heister
Faculty Recognition ..........................
Dr. Mark Huntington
Outstanding Medical Student Teaching Award, Dr. Susan Anderson
Outstanding Faculty Teaching Award ........
Chief Residents
Resident Teaching Award .......................... Dr. Mark Huntington
Presentation to Chiefs ........................
Dr. Mark Huntington
Family Recognition ........................
Dr. Brad Kamstra
Presentation of Certificates
Sioux Falls Family Medicine Residency certificate
American Academy of Family Physicians certificate

FACULTY
Jay Atson, MD FAAFP
Jennifer Ball, Phmm, DO
Dave Brocheataza, MD
Danexplicit, MD LMFH
Tara Geis, MD
Jean Heister, MD
Amy Hogue, MD
Tom Huber, MD
Mark Huntington, MD PhD FAAFP
Brad Kamstra, DO
Wes Nance, MD
Charlie Parker, MD
Fred Thanel, MD MPH
Mary Watson, MD
Jim Wiltse, MD

CLASS OF 2019
SIoux FALLS FAMILY
MEDICINE RESIDENCY
GRADUATION
Saturday, June 15

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.

HONORED GRADUATES

Adena Abdulwahab, MD .................. Cleveland, OH
Josh Doo, MD .......................... Sioux Falls, SD
Kathleen Cohen, DO .................. Fellow-Rutgers, NJ
Jessica Mackey, MD .................. Moses Lake, WA
Karsten Rohils, MD .................. Canton, SD
Austin Sporkin, MD .................. Luverne, MN
Joe Swedzinski, MD .................. Pierre, SD
Kate Thompson, MD .................. Broken Bow, NE
Monica Uebersfeld, MD ............... Colorado Springs, CO
Curta Young, MD .................. Fellow-CFM, Sioux Falls, SD
Faculty

Mark Huntington, MD PhD
Program Director

Jay Allison, MD
Faculty Member

Jennifer Ball, PharmD
Assistant Professor of Pharmacy Practice, SDSU

Daniel Felix, PhD, LMFT
Director of Behavioral Health

Tara Geis, MD
Faculty Member

Jean Heisler, MD
Faculty Member

Amy Hogue, MD
Faculty Member

Brad Kamstra, DO
Faculty Member

Wes Nord, MD
Associate Director

Charles Shafer, MD
Faculty Member

Fred Thanel, MD MPH
Faculty Member

Mary Watson, MD
Faculty Member

Tom Huber, MD
Site Director-Pierre

Jim Wilde, MD
Faculty Member

Anne Healy, MD
OB Fellow
Rapid City Regional Hospital Family Medicine Residency Program

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 registered dietitian, doctor of pharmacology, and clinical psychologist. Residents are also scheduled on a rotating basis for specialty clinics at the FMR Clinic including infectious disease, chronic pain, 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.

**Regional Health  Rapid City Hospital**
Regional 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 visitors each year.

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.

**Kimberly M. Kennedy, MD**
**Faculty Team Leader**

Dr. Kennedy earned her medical degree from Ross University School of Medicine in Portsmouth Dominica in 2011 and completed her Family Medicine Residency at Rapid City Hospital in 2014. She was in private practice at the Rapid City Medical Center before joining the Family Medicine Residency. She loves teaching residents and practicing full spectrum family medicine. Dr. Kennedy 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, MD  
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.
Rapid City Hospital Family Medicine Residency Program
2019-2020 Academic Year
502 East Monroe Street, Rapid City, SD 57701 | Clinic: 605-755-4060 Administration: 605-755-4020

Jennifer R. Callahan, M.D.
2nd Yr. Resident

Alexandra J. Chase, D.O.
3rd Yr. Resident

Devin J. Crane, D.O.
1st Yr. Resident

Elise C. Dick, M.D.
1st Yr. Resident

Megan C. Downey, D.D.
1st Yr. Resident

Carla M. Elkine, M.D.
3rd Yr. Resident
*Chief Resident

Adam M. Fitzgerald, M.D.
2nd Yr. Resident

Louise B. Heibl, D.O.
3rd Yr. Resident

Joshua S. Harris, D.O.
2nd Yr. Resident

Ted M. Jensen, M.D.
2nd Yr. Resident

Sarah J. Lewis, D.O.
1st Yr. Resident

Jilliane M. Murray, D.O.
2nd Yr. Resident

Travis J. Pucek, M.D.
3rd Yr. Resident
*Chief Resident

Daniel L. Reynolds, D.O.
3rd Yr. Resident

Mitchell A. Schmidt, M.D.
1st Yr. Resident

Stephen Y. Takasaki, D.O.
1st Yr. Resident

Joshua D. Tolid, D.O.
3rd Yr. Resident

Mason B. Tyler, D.O.
2nd Yr. Resident

Regional Health
MAKE A DIFFERENCE. EVERY DAY.

FACULTY

Kyle Adams, D.O.
Kimberly Kennedy, M.D.
Derrick Kurtz, M.D.
Peter Osterle, M.D.
Bobbie Schmeller, D.O.
Brian Smith, M.D.
OUR PATH TO EDUCATION IS ENDLESS.
WITH EACH DAY, A LESSON IS LEARNED.
FOR OUR PROFESSIONAL GROWTH WE STRIVE.
But for today, we pause to gather in celebration.

FAMILY MEDICINE RESIDENCY PROGRAM FACULTY

Robbie M. Schreiber, D.O. – Program Director
Brian D. Smith, M.D. – Medical Director
Kimberly M. Kennedy, M.D. – Faculty
Kyle A. Adams, D.O. – Faculty
Peter E. Ossler, M.D. – Faculty
Derrick J. Kunts, M.D. – Faculty

FAMILY MEDICINE RESIDENCY

CLASS OF 2019

COMMENCEMENT PROGRAM

Regional Health

FAMILY MEDICINE RESIDENCY PROGRAM

GRADUATION CEREMONY

June 28, 2019

Dahl Arts Center
Doors open at 3 p.m. | Program begins at 3:30 p.m.

Presentations/Speakers from 3:30-4 p.m.

Robbie Schreiber, D.O. ......................... Program Director
Brend Archer, M.D. ............................. Chief Medical Officer
Michelle Kuts, D.O. ............................ Teacher of the Year 2017-2018

Teacher of the Year 2018-2019 Announcement

Presentation of Diplomas

Presentation of USD Resident Teaching Award

Remarks from the Class of 2019

Reception immediately following

The Regional Health Rapid City Hospital Board of Directors and the Family Medicine Residency Program Faculty and Staff congratulate the Class of 2019.

We wish you well in your future endeavors.
Pierre Rural Family Medicine Residency
Pierre, SD

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

Program Director:  Mark K. Huntington, MD PhD FAAFP
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 inaugural class of residents in their second year of training in Pierre. The program received initial accreditation, and underwent an accreditation visit in mid-October. The results of this visit are not currently available.
CENTERS and SERVICES
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 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.

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 open 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.

These additional funds create opportunities for collaboration with stakeholders across the state. Additionally, SD AHEC will be able to provide programming in all areas of the state of South Dakota. As a result of these opportunities, the Program Office has strategized plans to increase efficiency and ensure sustainability. There have been changes in the infrastructure of the existing centers that have solidified these goals.

Below are highlights to review regarding noteworthy accomplishments of 2019.
**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. A tabletop exercise in emergency response was a new break out session presented by members of the SD Office of Public Health Preparedness and Response (SD OPHPR). YRAHEC also supports disaster training for 300 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**
Corryn Gabbert spoke to 3 different Health Sciences major classes and students 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 YRAHEC and NAO/CDC. 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**
YRAHEC had a booth during the Avera Sacred Heart Hospital Health & Safety Fair on April 25, 2019 for area 4th graders. Over 300 students were invited from local schools to attend the fair to learn about various health professions and safety careers. Students stopped by the YRAHEC booth to play “Healthcare Plinko” where they had to answer a healthcare question and had an opportunity to play Plinko and win prizes. Students asked great questions and were very interested in healthcare careers throughout the day.

**Yankton Middle School Handwashing Presentation**
During Homecoming Week at Yankton Middle School, area professionals from a variety of careers are asked to present to over 100 6th grade students about a topic in their career field. Yankton Rural AHEC’s Associate Director, Corryn Gabbert, talked with the students about the importance of hand hygiene and proper handwashing techniques. Students enjoyed viewing “germs” under a blacklight, finding items in the classroom that were “contaminated”, and demonstrating proper handwashing techniques.

**Focus on Veterans**
*Improving Combat Veterans Care Conference- YRAHEC*
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 Yankton Rural AHEC in coordination with the Sioux Falls VA Health Care System. Keynote speaker, Chaplain Rochelle Binion, focused on Compassion Fatigue at the day-long conference held on May 10, 2019, at the University Center in Sioux Falls. Connie Hoffman, Jay Hunter, Kristin Aeilts presented an overview of the Whole Health Program while Marei Boetel presented on Wellbeing Integrated Health within the Whole Health Program. Additionally, Dr. Carrie Carlson (SHDNF) presented on the clinical care aspect within the Whole Health Program. The conference ended with testimony from two veterans who have been involved with Whole Health and a panel discussion from the afternoon speakers. Throughout the presentations, suicide prevention was a topic and the Whole Health presentations focused on resources and programs to help veterans in South Dakota.

This conference also delivered important information that will assist healthcare providers and other professionals as they work to support families of Veterans and our Citizen Soldiers in South Dakota. Attendees provided great feedback focusing on Compassion Fatigue, the Whole Health Program, and suicide prevention resources as presented during the conference.

The 2020 Improving Veterans Care Conference will be held on May 15th at the Community College of Sioux Falls (formerly known as the University Center in Sioux Falls, SD). For conference information, please contact Yankton Rural AHEC at 605-655-8285 or email info@yrahec.org.

VA and National Guard Collaboration- NE AHEC
The YRAHEC and the NESD AHEC both work closely with VA officials to deliver programming and services to meet emerging needs, such as the Conference on Improving Combat Veteran Care. In 2017, these efforts expanded to involve a conference in the Rapid City area. The Improving Veterans Care Mental Health Conference was held in Rapid City on September 11th in partnership with the Black Hills VA (BH VA) Health System. There was a total of 21 attendees, which is a decrease of 31 from the previous year.

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 were held in Chamberlain, Custer, Freeman, Hot Springs, Madison, Mitchell (2), Mobridge, Pierre, Pine Ridge, Rapid City (2), Sioux Falls (2), Spearfish, Vermillion, Watertown, Winner, and Yankton. Over 1000 students participated in camps across the state. Below are highlights from Yankton’s camp. For more information, please visit www.scrubscamps.sd.gov.

Yankton
Yankton Rural AHEC held their tenth annual Scrubs Camp at the Professional Office Pavilion on the Avera Sacred Heart Hospital Campus on Wednesday, October 9, 2019. Eighty-four students from ten area schools attended the daylong event to explore different health careers and learn from professionals in eight career fields. Breakout sessions included professionals from the following areas: Dietetics/Nutrition, Laboratory, Nursing, Dental Hygiene, Physical Therapy, Pharmacy, Surgical Tech, and Sonography.

Someone You Love: The HPV Epidemic Movie Screening and Panel Discussion Presentation to SDSU health professions students
Yankton Rural AHEC partnered with an SDSU pre-pharmacy student, the South Dakota Department of Health, and the South Dakota Cancer Control Program to host a screening of the Someone You Love: The HPV Epidemic Movie and a panel discussion for health professions students at South Dakota State University. Students viewed the film and
participated in a question and answer session with three local experts on a panel about the HPV vaccine, how it can cause cancer, and how to best prevent HPV through vaccinations. A local cancer survivor attended the screening and panel as well. He shared his story of being diagnosed with HPV associated oropharyngeal cancer, how it has impacted his life and how he has become an advocate for HPV education and vaccination. As part of the NAO HPV Immunization Project, Yankton Rural AHEC works diligently to educate healthcare professionals and students on the importance of a strong recommendation for the HPV vaccine. Yankton Rural AHEC is committed to bring free education to professionals and health professions students alike across South Dakota. To bring the education to your area, please contact Corryn Gabbert at 605-655-8290 or info@yrahec.org.

Medical Assistants hear about the importance of the HPV vaccine
Improving the HPV immunization rates among 11 and 12 year olds continues to be the focus of an effort by the National AHEC Organization, Centers for Disease Control and Prevention (CDC), and Yankton Rural AHEC. At the South Dakota School Society of Medical Assistants Conference in Sioux Falls, over 120 medical assistants and students from across the state attended a presentation by Dr. Mary Milroy, Clinical Professor, Department of Surgery, at the University of South Dakota Sanford School of Medicine. The presentation was sponsored by Yankton Rural AHEC and focused on HPV vaccination, motivational interviewing, and strong vaccine recommendation.

Dr. Milroy’s CDC-approved educational message was “You are the Key to HPV Cancer Prevention” and included updated information regarding CDC recommendations on a two-dose vaccine for patients under 15 years old, framing the HPV conversation with patients and parents, and introducing talking points to encourage HPV vaccination. Attendees provided fantastic feedback and reported of plans to share and recommend many of the tools and resources with their practices and clinics.

Yankton Rural 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 YRAHEC’s plans for the HPV project, please contact Corryn Gabbert AHEC at 605-655-8290 or email info@yrahec.org.

Yankton Camp Med
Yankton Rural AHEC held their second Camp Med event for 7th grade students on May 2nd at the Boys and Girls Club of Yankton. Over 200 students from Yankton Middle School attended the event to learn from 6 different professionals. Students learned about Dental Hygiene, Dietetics/Nutrition, Medicine, Laboratory, Radiology, and Athletic & Strength Training. Students were enthusiastic about participating in the hands-on activities the presenters had prepared for them and were excited to learn about the various careers.

Enemy Swim Camp Med
NESD AHEC held their eighth Camp Med event for the 7th and 8th grade students on April 15th, 2019 at Enemy Swim Day School. Over 30 students from Enemy Swim Day School attended the event to learn from various speakers about careers as CNA, LPN, Midwives, Nurse Practitioner, RN, RN Anesthetist, Occupational Therapy, Orthotist/Prosthetist, Physical Therapy, Recreational Therapist, and Respiratory Therapist. Student enjoyed learning about the various careers and had fun with the hands on activities throughout the event.

Inter professional Education (IPE): Rural Experiences for Health Professions Students (REHPS)
The YRAHEC 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 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. 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 $4000.

This is the 9th year of the REHPS program and this past year 43 students applied. Thirty of those students were placed in 15 different South Dakota communities: Bowdle, Britton, Burke, Chamberlain, Hot Springs, Huron, Martin, Miller, Parkston, Platte, Redfield, Scotland, Sisseton, Sturgis, and Winner. Each community hosts two students from these areas of healthcare: clinical psychology, family nurse practitioner, medical, medical laboratory science, occupational therapy, physical therapy, physician assistant, pharmacy, and social work programs at SDSU and USD. 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>Number of Participants</td>
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<td>12</td>
<td>18</td>
<td>21</td>
<td>30</td>
<td>28</td>
<td>30</td>
<td>30</td>
<td>30</td>
<td>205</td>
<td>-</td>
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<tr>
<td>Graduates practicing in field</td>
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<td>10</td>
<td>14</td>
<td>17</td>
<td>23</td>
<td>19</td>
<td>18</td>
<td>7</td>
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</tr>
<tr>
<td>Graduates practicing in SD</td>
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<td>7</td>
<td>12</td>
<td>11</td>
<td>13</td>
<td>14</td>
<td>11</td>
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<td>2</td>
<td>6</td>
<td>10</td>
<td>5</td>
<td>7</td>
<td>0</td>
<td>1</td>
<td>34</td>
<td>28.81%</td>
</tr>
</tbody>
</table>

REHPS recruiting presentations that include an introduction to AHEC’s:
- March 30 – Vermillion, SD – REHPS orientation – 29
- April 3 – Burke Memorial Hospital Leadership Staff – 12
- June 25 – USD Vermillion – REHPS Occupational Therapy - 12
- October 16 – SDSU Brookings – REHPS Medical Lab Science recruitment – 24
- October 21 – SDSU Brookings – REHPS P2 Pharmacy recruitment – 80
- October 25 – SDSU Sioux Falls – REHPS Family Nurse Practitioner – 40
- November 13 – MMC Yankton – REHPS Family Nurse Practitioner - 38
- November 14 – USD Vermillion – REHPS Medical Students - 70
- November 25 – USD Vermillion – REHPS 2021 PA recruitment – 25

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

Students enrolled in the SD AHEC Scholars program are from several disciplines from both South Dakota public universities and also includes a pilot program with 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 are enrolled in the Nursing program.

**West River AHEC**

The West River Area Health Education Center planning and development began in the summer of 2019. A collaborative of local healthcare and education leaders came together to support this effort and formed a WR AHEC Board of Directors. Dr. Bolman, President of Western Dakota Tech, was named the Board President and committed to providing the WR AHEC employees office space, WDT resources, and match support for the grant. The Board drafted and approved Bylaws and the WR AHEC was issued a SD Certificate of Incorporation on August 26, 2019. Next, the Board created a job description for the WR AHEC Director position and posted it during the final weeks of September. Interviews were held in early October and Stephanie Mayfield began work as the Director on October 7.

The Director attended her first board meeting on October 17. During this meeting, Board President, Dr. Bolman, led the board in a visioning exercise to start crafting the West River AHEC’s mission, vision, values, and purpose the product of which is below. The Board will continue to meet monthly during this start-up phase. In addition, a Regional Cabinet has also formed to represent the West River Region regarding education, healthcare, and labor force. This group discusses regional needs for each group and how the WR AHEC can assist in working on these key issues and is the catalyst for the WR AHEC’s strategic plan.
Other start-up activity includes marketing, networking, and relationship building. Visits/tours of network partners have been held at the SD School of Mines Campus, One Heart offices, the Rapid City Chamber of Commerce, joined Dr. Bolman at an Elevate Rapid City Workforce Development Task force meeting at Regional Health--hosting the SD
Secretary of Labor, Marcia Hultman, hosted a booth at the School of Mines Healthcare careers fair, and attended a community “Stop the Stigma” workshop discussing numerous behavioral health topics.

Part of the WR AHEC creation process also includes marketing/branding to create awareness in our region. Partnering with the SD AHEC Program Office and the other two SD AHEC sites, we have contracted with Robert Sharp and Associates to develop unified logos, informational brochures, letterhead, and business cards. Additionally, they will be creating a new website for the SD AHEC Program office (with interactive links to the three SD AHEC websites) and building the West River website from scratch.

Other activities include requesting 501(c)3 status from the IRS, hiring a Program Coordinator to manage the grant as well as assist in program development, development of an employee handbook, policies and procedures, and creation of the following subcommittees: Mental Health First Aid, AHEC Scholars program development team, and a Healthcare Careers Pathways team.

The WR AHEC Cabinet meeting discussed the recent findings/solutions from an area Behavioral Health Study this fall. One of the suggestions was to implement Mental Health First Aid trainings across the region to equip the community with tools to aid in suicide prevention and reducing the stigma of mental health issues. This is an eight-hour class that will be piloted in January 2020 with the faculty and staff at Western Dakota Tech. Each participant receives a three-year certification in Mental Health First Aid upon completion of the class. We also hope to partner with Ellsworth Airforce Base and the Sturgis VA Hospital as well as the Pine Ridge and Rosebud Native American Reservations. The trainer supplies and stipends will be funded by the SD Department of Behavioral Health. Western Dakota Tech has offered training room space to expand this to the community in the future.

Another major initiative has been to develop the WR AHEC Scholars Rural Health Leadership Program. The executive director has distributed applications to Western Dakota Tech Nursing program, SDSU School of Nursing, SD School of Mines, USD School of Nursing, and Black Hills State University thus far. The Scholars development team has met a couple of times to further develop and refine our program. The flyer for the program is below. It is our hope at the completion of our first cohort (two years from now) that we can work with the NE and Yankton Rural AHEC’s to create a collaborative, SD AHEC Scholars program using best practices from across the state that will provide a robust experience for the SD AHEC Scholars.
Western Dakota Tech held both a Scrubs Camp and Health Careers Fair this fall on campus. They also hosted the SD HOSA Fall Leadership Academy in October. Being located within the WDT campus provides unlimited opportunities for Scrubs Camp growth and so much more with the Simulation Center. We are in the process of organizing a Sim Center Scrubs camp for spouses of Air Force Base personnel as well as working with the regional SD Works staff at offering to those looking for “reemployment” careers. Finally, to get our message out to the business community—we are planning on hosting a Business Leader Scrubs Camp in which they will attend a Simulation in the Sim Center and partake in a West
River AHEC discussion—hoping to plant the seeds of the importance of our message to ensure continued, quality, healthcare is available in our region.

WR AHEC “dream” initiatives are to develop a Mobile ER to take to the rural West River Elementary Schools so they can “see” all the disciplines needed in treating and diagnosing an ER patient. Each discipline will give a mini speech about their schooling, career, and why they chose the path they are on. In order to reach the High School demographic, we’d like to develop a WR Promotional Video that shows the many faces of healthcare careers and make the video a piece of “Edutainment” to appeal to High School students

Growth in Grants

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 will complete the training. Students will receive classroom instruction on MAT while also participating in a simulation at the Parry Center. This combination of simulation and classroom instruction is unique and may serve as a model for other medical schools.

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. Students will observe both in-person and telehealth patient visits as well as the other support services offered in conjunction with MAT such as counseling and peer support. Currently, there are providers in Rapid City, Sioux Falls, and Yankton committed to taking students from this program.

Community Projects and Applied Research

New this year is Family Medicine’s growth in community projects and applied research. The Social Determinants of Health (SDOH) model provides the framework to utilize USD’s health science expertise and technical resources to positively affect community change of the social determinants through partnering with the community partners. Through acting as the front gates, Family Medicine experiences the effects of the social determinants of health regularly, thus positioning Family Medicine appropriately to effect change in the South Dakota community. One new partnership, memorialized by a contract, is with Minnehaha County. The scope of work includes project administration functions, data/research collection, coordination, and analysis, and grant/project management. As the scope of work is executed and, with the outcome of positive results, the hope is to further the scope of work and collaboration between USD and the County as opportunities arise. This may include instituting pathways to have high achieving students complete evergreen research projects or service-based internships that meet the needs of the County or its partner agencies while furthering the education of future health professionals. This contract, leveraged with the other existing grants, has provided the opportunity to expand the expertise through brining on four new positions. A Community Project Director, two Research Associates, and a Research Scientist.

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 – Yankton Rural 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 240,000 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.

Sites
HOSA chapters established in South Dakota:

<table>
<thead>
<tr>
<th>O’Gorman</th>
<th>Bridgewater-Emery</th>
<th>Stanley County</th>
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</thead>
<tbody>
<tr>
<td>Lennox</td>
<td>Todd County High School</td>
<td>Tea Area</td>
</tr>
<tr>
<td>Harrisburg</td>
<td>Brandon Valley</td>
<td>Freeman</td>
</tr>
<tr>
<td>Sioux Falls CTE Academy</td>
<td>Yankton</td>
<td>Spearfish</td>
</tr>
<tr>
<td>Dakota Valley HS</td>
<td>Hoven</td>
<td>Harrisburg North MS</td>
</tr>
<tr>
<td>Rapid City Central</td>
<td>Lead-Deadwood</td>
<td>Redfield</td>
</tr>
<tr>
<td>Kadoka</td>
<td>Chamberlain</td>
<td>NE Tech (Watertown)</td>
</tr>
<tr>
<td>Wolsey-Wessington</td>
<td>Beresford</td>
<td>Parkston</td>
</tr>
<tr>
<td>Mitchell CTEA</td>
<td>Sioux Falls Christian</td>
<td>Milbank</td>
</tr>
<tr>
<td>Sanford Health</td>
<td>Brookings</td>
<td>Winner</td>
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<tr>
<td>West Central</td>
<td>Canton</td>
<td>Huron</td>
</tr>
<tr>
<td>Iroquois</td>
<td>Vermillion</td>
<td>Custer</td>
</tr>
</tbody>
</table>

Accomplishments

At the local level:

- 37 chapters have been established in seven years with an anticipated membership of over 1000 for 2019-20.
- 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.
- Over 130 HOSA students visited Sanford Health for tours and simulation activities.
- Over 120 HOSA students visited Avera Health for tours and hands on activities.
- 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 11%.
At the **state** level:

- In March 2019, our SD HOSA State Leadership Conference hosted over 700 students as they engaged in competitions, academic sessions, tours, keynote, banquet and college/university booth fair at the Sanford Pentagon.
- In the Fall of 2019, SD HOSA Fall Leadership L.A.U.N.C.H. Academy hosted over 150 local student officers at USD and WDT. Students engaged in activities involving leadership development, networking, tours and HOSA-future health professionals’ best practices.
- Over $9,000 of scholarships offered to HOSA students only
- Build Dakota Scholarship has partnered with SD HOSA-Future
- Health Professionals to offer scholarships to two student event winners (Clinical Nursing/Biomedical Lab Science).

At the **national** level:

- SD HOSA was well represented at the 2019 HOSA International Leadership Conference in Orlando, FL. South Dakota sent 96 student delegates to the conference (91 students), joining over 10,000 other HOSA members across the country.

**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)
HOSA Reaches Milestone!

Brock Rops, South Dakota state director for HOSA - Future Health Professionals, announced earlier this year that membership in the organization across South Dakota has topped 1,000. HOSA, a program sponsored by the medical school and the South Dakota Area Health Education Center, was organized to inspire high school students to pursue careers in the health sciences. Forty-eight states have HOSA affiliates. Thirty-two high schools in South Dakota participate in HOSA.
HOSA-FUTURE HEALTH PROFESSIONALS PRESENTS

DEFINE YOUR PURPOSE

2018 - 2019

HOSA future health professionals

South Dakota

2019 State Leadership Conference

March 28 - 29, 2019
Opening ceremony at South Dakota HOSA 2019 State Leadership Conference pictures:
HOSA International Leadership Conference from Orlando, FL pictures:
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), Native American Public Health Act (NAPHA), and Substance Abuse and Mental Health Services Administration (SAMHSA) 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 10 SDPI tribal programs; two tribes 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), Substance Abuse and Mental Health Administration (SAMHSA) Circle of Care, Community Health Assessment (CHA), and Native American Public Health Act (NAPHA) Programs. 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 plan to develop a web-based data management system for programs collecting and reporting services related to diabetes treatment and/or prevention services.

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

- Annual grant applications and annual progress reports. It was necessary to download the templates and determine the data analyses that would be necessary to complete the templates.
- Data analyses needed to complete the grant applications, work plans, evaluation plans, and evaluation reports. 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 final evaluation report, data were tabulated and compared for the past five years. Two Health Impact Statements were written for each of the two GHWIC grantees reflecting the results over the past five years.
- Program evaluation services were provided for the SDPI, GHWIC, TPWIC, SAMHSA Circle of Care, Community Health Assessment (CHA), and NAPHA grants.
- Special Diabetes Program Database (SDPD) data entry, query development, and utilizing established queries. Queries were created on a regular basis to identify outcomes and areas in which the Diabetes Programs could show progress and/or work 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.
- Grant applications to obtain program funding.
- Electronic grant submission process. Upon request, training has been provided to Program Directors regarding the process of submitting electronic grant applications and reports.
• Writing of grant program policies. 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 and fitness test data analyses were completed for five 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 but were not limited to:
  o Provided assistance in completing annual reports to obtain/maintain Institutional Review Board (IRB) approvals with the University of South Dakota, Great Plains Area Indian Health Service and the Oglala Sioux Tribe Research Review Board.
  o Provided guidance for the students in writing the final papers describing the results of the Community Needs Assessment for both communities participating in the project.
  o Traveled to Pine Ridge, SD with one student and presented the results to the Oglala Sioux Tribe Research Review Board.

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, Circle of Care, CHA, and NAPHA grantees either on-site or at a training location.
• Good Health & Wellness in Indian Country (GHWIC) grant applications and evaluation reports were written for two grantees. A substantial amount of data analyses were required to complete both the grant applications and the evaluation reports. In addition to the evaluation reports, two Health Impact Statements highlighting program accomplishments over the past five years were written for each grantee.
• 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 but were not limited to:
• Provided guidance for the students in writing the final papers describing the results of the Community Needs Assessment for both communities participating in the project.
• Wrote the final paper comparing the two small rural communities (one reservation and one off-reservation).
• Traveled to Pine Ridge, SD with one student and presented the results to the Oglala Sioux Tribe Research Review Board.
• Traveled to the participating reservation community and presented the results of the Community Needs Assessment to community members.
• Closed the project with the University of South Dakota, Great Plains Area Indian Health Service, and the Oglala Sioux Tribe IRBs.
• Submitted the final comparison paper for publication.
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 held in March in Rapid City discussing Antimicrobial Stewardship and Antibiotic Resistance as it relates to human and animal health. This was the first time a SD One Health meeting was held in western South Dakota and there was good attendance and much enthusiasm for additional meetings. SD One Health met in Sioux Falls on September 11 and the topic was use of antibiotics in humans and animals. The next meeting is scheduled for March 2020 in Sioux Falls.

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 the Bush grant for the PPV project. The exhibit was displayed at the Washington Pavilion through 2019. Given the importance of agriculture and the livestock industry to South Dakota residents, there were also three billboards strategically placed throughout the state funded with the Bush grant displaying an educational message regarding zoonotic disease.
2020 GOALS, ACCOMPLISHMENTS, and SELECTED UPCOMING EVENTS

DEVELOPMENT
Announcement of seventh cohort of FARM students in January 2020. Sixth cohort of FARM students will begin at FARM sites in spring 2020. The class of 2023 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.

A formal proposal was received from a group of stakeholders in western South Dakota for a third AHEC center. The proposal was approved and the West River AHEC Center was in operation with a Board of Directors, a cabinet and an executive director by September 2019.

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 will be incorporated into the transition to residency course for all medical students. The USD SSOM Class of 2020 will be the first class to receive this training.

In 2019, 3848 medical students matched to family medicine residency programs, the most in family medicine’s history as a specialty, and 313 more than 2018. The results marked a decade of growth in overall positions offered and filled for family medicine in the NRMP Match. 9.1 % of US MD seniors matched in family medicine. Match results from the USD SSOM Class of 2019 was 13.8%.

RECOGNITIONS/APPOINTMENTS
Susan M. Anderson, MD, (USD SSOM Class of 1997) was named first Dean of Rural Medicine at University of South Dakota Sanford School of Medicine in 2019.

Aaron Shives, MD (USD SSOM Class of 1986) was the 2019 South Dakota Family Physician of the Year

Scott Peterson, MD (USD SSOM Class of 2007) received the Dr. Earl Kemp Award for 2019

Sarah Reiffenberger, MD (USD SSOM Class of 1991) will serve as the South Dakota Academy of Family Physicians 2020 President

EVENTS
Family Medicine Grand Rounds – Disaster Preparedness, Dr. Mark Huntington and Dr. Matt Owens – March 5, 2020.

SD One Health, USD SSOM, Sioux Falls, SD – March 13, 2020.