PILLAR 2 FACULTY HANDBOOK

CLASS OF 2022

2020-2021

Revised February 5, 2020
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THANK YOU FOR YOUR TEACHING

Dear Valued LIC Faculty Member,

First, let me express heartfelt gratitude from the University of South Dakota Sanford School of Medicine and our students for your willingness to teach. As you know, this will be students’ first major exposure to clinical medicine. The real world setting of your practice along with your professional style will undoubtedly be a major influence in their careers.

We realize the tension that doctors experience between the demands of clinical practice and the commitment to teaching medical students. However, consistent data show that the cost and time pressures experienced as a consequence of this tension are reduced in the Longitudinal Integrated Clerkship (LIC) when compared to a block clerkship format. Clinicians and students can build a collaborative working relationship which features a progressive increase in the legitimate contribution of the student to the work of the clinical team. The extra effort to teach the physicians of tomorrow is nothing less than altruism, volunteerism, and professionalism at its best! We honor your commitment, time, and effort.

We have an excellent faculty development team to support your teaching, to offer refinements in your teaching methods, and to optimize the interactions you have with students. Your feedback and assessment of the student’s performance are an essential aspect of their grading, so please pay particular attention to this component of your duties as a teacher.

The following pages in this manual contain concise, valuable information you will find useful in your role as a LIC faculty member. Please take time to browse through it and refer to it often. We look forward to working with you for the betterment of our students’ medical education.

Respectfully,

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<td>Pediatrics</td>
<td>Fernando Bula-Rudas, MD</td>
<td><a href="mailto:Fernando.Bularudas@sanfordhealth.org">Fernando.Bularudas@sanfordhealth.org</a></td>
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<tr>
<td>Psychiatry</td>
<td>Rajesh Singh, MD</td>
<td><a href="mailto:Rajesh.Singh@sanfordhealth.org">Rajesh.Singh@sanfordhealth.org</a></td>
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<tr>
<td>Surgery</td>
<td>Jenny Guido, MD</td>
<td><a href="mailto:Jenny.Guido@sanfordhealth.org">Jenny.Guido@sanfordhealth.org</a></td>
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<tr>
<td>Milbank</td>
<td>Kevin Bjordahl, MD</td>
<td><a href="mailto:Kevin.Bjordahl@avera.org">Kevin.Bjordahl@avera.org</a></td>
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<tr>
<td>Milbank</td>
<td>Nanci Van Peursem, MD</td>
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<tr>
<td>Winner</td>
<td>Anora Henderson, MD</td>
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<tr>
<td>Mobridge</td>
<td>Travis Henderson, MD</td>
<td><a href="mailto:thenderson@primecare.org">thenderson@primecare.org</a></td>
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<tr>
<td>Vermillion</td>
<td>Mary Jo Olson, MD</td>
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<tr>
<td>Parkston</td>
<td>Jason Wickersham, MD</td>
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<tr>
<td>Pierre</td>
<td>Chad Carda, MD</td>
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<td>Spearfish</td>
<td>Jason Knudson, MD</td>
<td><a href="mailto:JKnudson@monument.health">JKnudson@monument.health</a></td>
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### YANKTON COORDINATING COMMITTEE

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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Lori Hansen, MD</td>
<td>Chair</td>
<td><a href="mailto:Lori.Hansen@usd.edu">Lori.Hansen@usd.edu</a></td>
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<td>Sue Bak, RN</td>
<td>Education Coordinator</td>
<td><a href="mailto:Sue.Bak@usd.edu">Sue.Bak@usd.edu</a>, 605-689-3089</td>
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<tr>
<td>Marcia Matson, RN</td>
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<tr>
<td>Carissa Pietz, MD</td>
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<td><a href="mailto:cpietz@yanktonmedicalclinic.com">cpietz@yanktonmedicalclinic.com</a></td>
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<tr>
<td>Tyler Hanson, MD</td>
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<tr>
<td>Valentina Joseph, MD</td>
<td>Neurosciences</td>
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<tr>
<td>Kevin Bray, MD</td>
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<td>April Willman, MD</td>
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<td>Luke Serck, MD</td>
<td>Surgery</td>
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### RAPID CITY COORDINATING COMMITTEE

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<tr>
<td>Matthew Simmons, MD</td>
<td>Chair</td>
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<tr>
<td>Heather Buckley, RN</td>
<td>Education Coordinator</td>
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<tr>
<td>Brittany Grant, RN</td>
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<tr>
<td>Sherri Koch, MD</td>
<td>Family Medicine</td>
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<tr>
<td>James Bowman, MD</td>
<td>Internal Medicine</td>
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<tr>
<td>Jennifer Kruger, MD</td>
<td>Neurosciences</td>
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<tr>
<td>Angela Anderson, MD</td>
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<td>Maggie Kuehler, MD</td>
<td>Pediatrics</td>
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<td>Mark Garry, MD</td>
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<tr>
<td>David Fromm, MD</td>
<td>Surgery</td>
<td><a href="mailto:frommds@rcmed.net">frommds@rcmed.net</a></td>
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COMPETENCIES

MEDICAL STUDENT COMPETENCIES

**Patient Care** - Students are expected to participate in supervised patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Objectives: Students are expected to:
- Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and families.
- Perform an appropriate history and physical exam, formulate a differential diagnosis, and develop a management plan for common and/or important conditions in the core clinical disciplines of family medicine, internal medicine, neurology, OB/Gyn, pediatrics, psychiatry and surgery.
- Use information technology for appropriate documentation, to support patient care decisions, and for patient education.
- Participate in the common and/or important medical and surgical procedures in the core clinical disciplines.
- Assist in providing health care services aimed at preventing health problems or maintaining health; Work with health professionals, including those from other disciplines, to provide patient-focused care.

**Medical Knowledge** - Students must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences as well as the application of this knowledge to patient care.

Objectives: Students are expected to:
- Acquire, integrate and apply established and emerging principles of basic and clinically supportive sciences to the care of patients and other aspects of evidence-based healthcare.
- Demonstrate an investigatory and analytical thinking approach to clinical situations involving human health and disease.

**Practice-Based Learning and Improvement** - Students must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-assessment and life-long learning.

Objectives: Students are expected to develop skills and habits to:
- Identify strengths, deficiencies, and limits in one's knowledge and expertise.
- Set learning and improvement goals.
- Identify and perform appropriate learning activities.
- Incorporate formative assessment feedback into daily practice.
- Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
- Use information technology to optimize learning.
- Participate in the education of patients, families, students, residents, and other health professionals.
Interpersonal and Communication Skills - Students must demonstrate interpersonal and communication skills that result in effective exchange of information and collaboration with patients, their families, and health professionals.

Objectives: Students are expected to:

- Communicate effectively with patients and families, as appropriate, across a broad range of socioeconomic and cultural backgrounds.
- Establish rapport and demonstrate empathy with patients and their families.
- Communicate effectively with physicians, other health professionals, and health related agencies.
- React appropriately to difficult situations including ethical dilemmas, conflicts, and noncompliance.
- Work effectively as a member of a health care team.
- Formulate timely, legible, medical records that are routinely used in medical practice.

Professionalism - Students must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Objectives: Students are expected to demonstrate:

- Caring and compassion in communication with patients and their families.
- Honor and integrity through interactions with patients and co-workers, and an awareness of potential conflicts of interest.
- Altruism shown by responsiveness to patient needs that supersedes self-interest.
- Responsibility and accountability to patients, society, the profession, and the education program, as demonstrated by reliability, the timeliness of task completion, and compliance with policies.
- Leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system.
- Respect for patients, their privacy and autonomy, and respect for all others.
- Respect for and sensitivity to a diverse patient population, including but not limited to race, color, creed, national origin, ancestry, citizenship, gender, transgender, sexual orientation, religion, age, genetic information, veteran status, or disability.

Systems-Based Practice - Students must demonstrate an awareness of and responsiveness to the larger context and system of health care.

Objectives: Students are expected to:

- Work effectively in various health care delivery settings and systems relevant to their clinical specialty.
- Develop awareness of risks, benefits, and costs associated with patient and population-based care.
- Advocate for quality patient care and safety.
- Work in interprofessional teams to enhance patient safety and improve patient care quality.

Revised September 3, 2019
**PILLAR 2 CALENDAR: 2020-2021**

**Sanford School of Medicine Calendar**

**Pillar 2: 2020-2021**

**Class of 2022**

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<td>4/10/2021</td>
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**Meeting of the Week**

- **Monday:** Monday Meeting
- **Tuesday:** Tuesday Meeting
- **Wednesday:** Wednesday Meeting
- **Thursday:** Thursday Meeting
- **Friday:** Friday Meeting
- **Saturday:** Saturday Meeting
- **Sunday:** Sunday Meeting

**Week?**

- **Week 1:** Week 1
- **Week 2:** Week 2
- **Week 3:** Week 3
- **Week 4:** Week 4
- **Week 5:** Week 5
- **Week 6:** Week 6
- **Week 7:** Week 7
- **Week 8:** Week 8
- **Week 9:** Week 9
- **Week 10:** Week 10
- **Week 11:** Week 11
- **Week 12:** Week 12
- **Week 13:** Week 13
- **Week 14:** Week 14
- **Week 15:** Week 15
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- **Week 30:** Week 30
- **Week 31:** Week 31
- **Week 32:** Week 32
- **Week 33:** Week 33
- **Week 34:** Week 34
- **Week 35:** Week 35
- **Week 36:** Week 36
- **Week 37:** Week 37
- **Week 38:** Week 38
- **Week 39:** Week 39
- **Week 40:** Week 40

**PILLAR 2 CALENDAR updates do occur and the most up to date version of the Pillar 2 Calendar can be found in D2L**
WHAT IS A LONGITUDINAL INTEGRATED CURRICULUM?

- An LIC is a curricular structure in which
  - Medical students participate in the comprehensive care of patients over time.
  - Medical students have continuing learning relationships with these patient’s clinicians.
  - Medical students meet, through these experiences, the majority of the year’s core clinical competencies across multiple disciplines simultaneously.
- The LIC forms the bulk of the Pillar 2 clinical experience and provides the foundation students’ clinical skills.
- In the longitudinal integrated clerkship (LIC), students average roughly one half-day per week in each of the seven major disciplines, which provides opportunities for students to gain clinical competence across multiple disciplines simultaneously.

GUIDELINES FOR LIC FACULTY

The quality of the Longitudinal Integrated Clerkship is determined by the quality of our clinical faculty and the quality of the interaction each student has with you as a faculty.

Welcome and Introduction
- Inform your patients that you are currently supervising a student.
- Introduce the student to the office staff; make the student feel welcome. Discuss with the student the title by which he/she is to be addressed.

A Good Beginning
Students will be coming into the clerkship with differing skills, clinical experiences, and expectations.

The Clinical Faculty should:
- Review the clerkship course goals and objectives.
- Review the assessment forms.

Orientation – Guidelines for Student
Establish the ground rules when the student arrives, including:
- Student’s role in your practice; your expectations of how the student should “fit in”.
- Students are expected to spend 2-4 hours in clinic each half day.
- Office dress, appearance.
- Procedure if student or you (Clinical Faculty) is ill or cannot be in the office.
- Any other policies of which student should be made aware.

Orientation – Office
- Show the student his/her “office space” and the rest of your office.
- Introduce the student to your staff and describe their responsibilities; include how the student should address your office staff.
- Orient the student to the standard operating procedures, i.e., appointments, medical records and where/how to make entries.
- Discuss the characteristics of your patient population.
- Instruct the student in patient protocol.
- Describe your special interests and skills within your specialty.
- Show the student:
  - Where to park
  - Office lab and procedure room
Student Involvement with Patients – Also see “Summary of the Learning Experience”

- First few sessions have the student “shadow” you and assist you with patient encounters. Talk with the student about each patient, ask questions, and assess the student’s fund of knowledge.
- As you become more comfortable with the student allow him/her to evaluate the patient and then present the history and physical examination findings, including a differential diagnosis and management plan. These students have already practiced and refined their skills of medical interviewing and physical examination of a patient so please allow them to use these skills.
- Be sure to observe the student at intervals throughout the clerkship. Students are required to be observed performing a pertinent medical history and pertinent physical or mental status exam at least once in each discipline during the clerkship. This does not need to be a complete H&P and can be easily incorporated into a problem-focused patient visit.
  - The students will be REQUIRED to have a history and physical in each discipline observed and evaluated once in the first half of the LIC. Please help them complete this.
- The form for this is included below in the Pillar 2 Handbook.
- Ensure the student is conducting appropriate health care assessments and providing correct information about and to patients.
- Continue to ask questions which challenge the student’s thinking and fund of knowledge throughout the clerkship. Be sure to include questions about pharmacology and pathophysiology.
- Encourage the student to read about all the problems on the “Problem List”, as well as other problems encountered.
- Provide an opportunity for students to document the patient encounter in the EMR or on paper.
- Students are required to complete one enhanced progress note, on a patient encounter in your clinic and submit it for review by the Coordinating Committee. The enhanced progress note-writer software is available to the student on their education website (D2L). Students have been instructed to complete this note in no more than ten minutes as part of practice for their Step 2 CS exam. Please review the completed note and provide feedback to the student.
- A complete list of Pillar 2 student requirements is included in this handbook.

Provide feedback to the students

- Set aside a few minutes each day to help students identify learning issues and offer prompt, constructive feedback.
- Evaluate the student’s performance during the clerkship
- Informally on a day-to-day basis, offer feedback about areas in which the student needs improvement, as well as areas in which the student is doing well.
- Your student may request that you complete an “on the fly” assessment of their performance. They will ask you to complete this assessment in person and you may agree or decline completing the form, as it is optional. This is an assessment that consists of a single text box to write comments that are only between you and the student. It’s one option to allow students to seek additional feedback. You may also request that the student send you the form if you wish to provide this sort of feedback. Be aware that other faculty and staff will NOT see this form and it will not become part of the students grade record. This is not the place to report concerns about a student’s progress to your department or the office of medical education.
Formally, you will be required to fill out an assessment form on the student’s performance 2-3 times per clerkship. Please include narrative assessment as part of these assessments around areas that they are performing well and areas in which they can grow.

- Individual departments may have additional feedback requirements.

POLICY ON MID-COURSE AND MID-CLERKSHIP FEEDBACK
Courses and clerkships four weeks or longer should provide students with formal formative mid-course or mid-clerkship feedback to allow sufficient time for remediation, whenever teacher-student interaction permits. You will be sent an assessment via one45 to complete electronically at both mid-clerkship and end-of-clerkship for these courses. Courses of shorter duration should also seek to provide useful formative feedback.

POLICY ON NARRATIVE ASSESSMENT
A narrative description of a medical student’s performance, including his or her non-cognitive achievement (e.g., communication skills, professionalism), is required as a component of the assessment in a required course and clerkship. This narrative assessment will be included in the student’s MSPE (Dean’s) letter with residency applications.

STUDENT PILLAR 2 FACULTY COORDINATOR
Students are assigned to a member of their campus coordinating committee at the start of Pillar 2. Along with the committee, this member oversees academic progress over the course of the clerkship, submits monthly written feedback on the student, and meets directly with the student periodically.

While the coordinating committee may serve in an advisory role, students also have the option to select an additional informal mentor in their area of interest.

TEACHER/LEARNER RESPONSIBILITIES AND MISTREATMENT
Medical educators, as role models, should convey the knowledge and skills that students require to become good physicians. Along with these attributes are the necessity of developing and maintaining professionalism, respect, and integrity. Educational environments should be conducive to the process of teaching and learning. Finally, there should be a realization and commitment to respect the inherent hierarchical nature of the teacher-student relationship.

Faculty should convey state of the art information about the skills and knowledge necessary for the practice of medicine. As mentors, faculty should exhibit high levels of professionalism in interacting with students, colleagues, and staff. Respect for individuals should be without regard to sex, race, color, creed, national origin, ancestry, citizenship, gender, gender identification, transgender, sexual orientation, religion, age, genetic information, veteran status, or disability. A realization that students are also members of the community and have additional obligations to others as well as themselves should be recognized. Students should not be belittled, abused, or exploited.

To become good doctors, students should do their utmost to acquire the knowledge, skills, attributes, and behavior presented by faculty and staff. Students should exhibit professionalism in terms of honesty, compassion, integrity, dependability, respect of faculty, staff, fellow students, or patients without regard to race, color, creed, national origin, ancestry, citizenship, gender, transgender, sexual orientation, religion, age, genetic information, veteran status, or disability. (Excerpted from USD SSOM Teacher/Learner Responsibilities.)
POLICY ON STUDENT MISTREATMENT
The medical learning environment is expected to facilitate students' acquisition of the professional attitudes necessary for effective and compassionate health care. This requires mutual respect between teacher and learner, and the avoidance of mistreatment.

Mistreatment, either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. Examples of mistreatment include sexual harassment; discrimination or harassment based on sex, race, color, creed, national origin, ancestry, citizenship, gender, gender identification, transgender, sexual orientation, religion, age, genetic information, veteran status, or disability; humiliation; psychological or physical punishment; or the use of grading and other forms of assessment in a punitive manner. Sanford School of Medicine adheres to the Board of Regents policies regarding mistreatment or harassment as stated in the Board of Regents Policy Manual on Governance (see links below).

For additional information:
Section 1:17 – Sexual Harassment: https://www.sdbor.edu/policy/documents/1-17.pdf
Section 1-23 – Employee-Employee and Faculty-Student Consensual Relationships: https://www.sdbor.edu/policy/documents/1-23.pdf

Link to Medical School Faculty Handbook https://www.usd.edu/medicine/student-and-faculty-handbooks

PROCEDURE FOR REPORTING STUDENT MISTREATMENT
REPORTING: Any student may report alleged cases of violation of this policy to any one of the following:

- Dean or Assistant Dean of Medical Student Affairs, (605-658-6300)
- Dean of Faculty Affairs (605-357-1306) or a Campus Dean (Rapid City 605-791-7800; Yankton 605-668-3065; Vermillion 605-658-6324)
- Coordinator of Student Professional Support Services, (605-658-6333)
- Health Affairs Human Resources Director, (605-357-1388)
- Directly to another faculty member
- Via one45 using the Concern Form
- One course evaluation

NON-IN Volvement of Providers of Student Health Services in Student Assessment
Health professionals who provide health services to medical students, including medical and psychiatric care as well as psychological counseling, will have no involvement in the academic assessment or promotion of the medical student receiving those services.

Physicians who are a health professional providing health services to a student they are assigned for a clinical rotation must notify the department to have that student reassigned. A student assigned to a course, clerkship or other educational activity with a treating healthcare provider must request and will
be granted an alternative assignment. The student must go directly to the relevant curriculum director or to the dean/assistant dean of medical student affairs to have the assignment changed.

**POLICY ON CLINICAL SUPERVISION**

Clinical faculty must supervise medical students appropriately at all times. Medical students are not allowed to perform invasive procedures unassisted, uninstructed, or unattended. Clinical faculty may delegate this supervision to appropriately trained physicians, residents, or other health care providers. Clinical faculty should assign individual student activities consistent with the student’s abilities and trainee status. All students must wear identification badges that clearly designate their student status and should be introduced to patients as medical students.

**PROFESSIONALISM**

Students are expected to uphold and adhere to the ethical and behavioral standards of the profession of medicine. As a member of this profession, a physician recognizes responsibility not only to the patients, but also to society, to other health professionals, and to self. As a medical school we emphasize the following behaviors of professionalism:

- **Altruism** - Physicians subordinate their own interests to the interests of others.
- **Honor and Integrity** - Physicians are truthful, admit errors, and adhere to high ethical and moral standards.
- **Caring, Compassion and Communication** – Physicians take time to talk to patients and families, break bad news with compassion, and communicate effectively with colleagues.
- **Respect** - Physicians treat patients with respect and deal with confidential information appropriately.
- **Responsibility and Accountability** - Physicians fulfill their professional responsibilities and are aware of their own limitations.
- **Excellence and Scholarship** - Physicians demonstrate conscientious clinical decision making, seek to advance their own learning, and are committed to spread and advance knowledge.
- **Leadership** – Physicians advocate for the profession and promote the development of others.

**ELECTRONIC MEDICAL RECORD (EMR)**

Medical students interact with EMRs almost daily during the clerkship year and going forward in their medical career. It is imperative that students learn to use the EMR to enhance learning and to effectively participate in patient care. Despite its many advantages, EMRs have a few potential disadvantages in medical education. Students in their clerkship year are at a critical point in developing diagnostic reasoning skills. Templates, auto-fill, cut/paste, and other programmed EMR features can negatively impact critical-thinking. The many prompts and reminders may short-circuit decision making as to which elements are most important and why. Conveying thought processes (and evaluating those thought processes) in notes generated by the EMR poses a challenge. While tedious at times, creating H&Ps outside the EMR will improve the student’s ability to function - and to think critically - independent of the electronic record.

Responsible use of the EMR requires that students:

- Use their own login and password in order to view and document in the patient record.
- Contribute meaningful data to the EMR in the form of a patient note which is completed and signed in a timely manner.
- Become familiar with the various functions of the EMR including review of lab results, radiologic images, consultant reports, previous notes, educational resources, and order entry.
• Have notes reviewed and edited by the supervising physician, who should provide appropriate formative feedback.
• Refrain from copying and pasting information from one note to another.
• Avoid use of templates for documenting the history and physical until they are expressly given such permission.
• Comply with HIPAA rules and avoid inclusion of any patient-identifying data in the typed H&P (name, birthdate, and patient ID numbers which are all considered identifying data).
• View only charts of patients that are directly under their care. Violation could result in loss of or severe restriction of EMR privileges.
• Print documents sparingly and always shred printed EMR documents.

SUMMARY OF THE LEARNING EXPERIENCE
Expose the learner to all the things you do as a physician and as a member of the community
• How you relate to other specialists and medical professionals
• How you keep up on medical knowledge
• What you do in the hospital and in other settings
• Your participation in professional organizations
• Your civic and community activities

Require novice learners to observe you performing various skills with the selected patients
• Taking a focused history
• Performing part of an examination
• Performing a procedure
• Counseling a patient

Model clinical exam skills and professional behaviors at the bedside
• Remember that while you may have an efficient work flow, how you model these behaviors can impact our learners
• Focus on and identify professional behaviors
• Remember to model appropriate methods of physical exam techniques
  o Stethoscope to skin when capable
  o More comprehensive physical exam techniques when appropriate

Provide opportunities for the learner to see patients first (alone)
• Take the history
• Perform the examination
• Form their own impressions about diagnosis
• Generate a management plan
• Report to you
• Draft patient orders
• Draft medication prescriptions
• Arrange for follow-up
• Document in the patient chart or in the form of a virtual note on paper

Organize the visit for the learner
• “Prime” the learner by providing pertinent patient-specific background information, e.g., “Mrs. Jones is a healthy 28-year-old woman and is here for her yearly examination. At her age, what are the important screening issues to be covered?”

• “Frame” the visit by focusing on what should be accomplished at this visit and how long it should take, e.g., “This patient has several problems, but today I’d like you to focus on the patient’s care of her diabetes. Spend 15 minutes taking the history and performing a focused physical exam, then come find me.”

**GUIDELINES FOR THE PILLAR 2 STUDENTS**

The student should be an active participant rather than a passive observer. The student is expected to, under the supervision of the physician:

• Work up and follow patients assigned by the clinical faculty and function as a provider of health care.

• See the patient initially by him/herself, introduce him/herself to the patient and explain his/her purpose.

• Perform an appropriate focused history and physical exam based on the chief complaint, assess health risks, formulate a differential diagnosis, and plan further investigations and/or treatments.

• Order appropriate tests, write prescriptions and provide patient education, with the physician’s approval.

• Document the encounter accurately in the form of a SOAP note or H&P, preferably in the electronic medical record.

• See the patient for follow-up if possible. Attempts to schedule the patient follow-up visit on a day the student is in your clinic would be ideal.

• Follow patients who are admitted to the hospital. If the clinical faculty turns patient care over to hospitalists, it is still possible for the student to round on the patient and inform clinical faculty about patient progress.

• Seek opportunities to assist with surgical and obstetrical procedures performed by clinical faculty. The student should be encouraged to round on the patient post-operatively and complete a progress note.
During Pillar 2, including mini-blocks, students will complete 40 typed History and Physical (H&P) write-ups with corresponding oral presentations to a faculty attending. This means an average of one H&P per week throughout the clerkship. As milestones, 20 H&Ps must be completed and submitted prior to the mid-clerkship test week, and all 40 must be completed and submitted prior to the start of the final test week. Failure to do so is a professionalism issue and may result in an adjustment in the professionalism grade.

The H&P should be written using a word processor like Microsoft Word, and not printed from the electronic medical record. The patient’s name or date of birth should not be included. Assessment forms can be found in the H&P and Observed Encounter Forms folder in D2L. The oral case presentation should take 3 to 5 minutes and contain only pertinent information. Students provide a printed copy of the assessment form to their attending with each presentation.

Following a patient work-up, the student should present the oral presentation and the typed patient write-up to an attending within one week. If the original attending physician is not available another physician faculty may hear the case presentation and complete the H&P assessment. Once completed and signed by the attending, the forms are submitted with the written H&P to the campus Education Coordinator for credit. In Sioux Falls, these can be delivered to the student lounge and placed in a locked mail box that is picked up at regular intervals.

In addition to this, the enhanced progress note documents a problem-based patient encounter and simulates the note required for the OSCE and the USMLE Step 2-CS exam. Students will complete a minimum of 7 enhanced progress notes by the mid-clerkship, one for each discipline, and 3 notes in the FM Preceptorship/Mini-Block, using the form in D2L. These notes should be completed with the observed history and physical in that discipline, described below. All 7 of these notes with the observed history and physical exams must be completed and submitted prior to the mid-clerkship test week. The printed note should be reviewed and initialed by the attending, then turned into the campus Education Coordinator. A ten-minute timed note is available online in D2L with H&P forms. This program is also referred to as the “Note-writer” and should be used not only to complete these required enhanced progress notes, but should be used and practiced throughout the clerkship in your respective clinical assignments. The more a student practices with this program and becomes more
efficient at writing a complete ten minute enhanced progress note, the more prepared they will be for the OSCE and Step 2 CS at the end of the clerkship.

Students are to be observed performing a pertinent history and physical or mental status exam by an attending in each discipline during the first half of the clerkship. The observed encounters may be problem-focused histories and/or exam and do not have to be complete H&P’s. A reminder checklist is available in D2L and the observed histories and physical exams should be documented in SPEL.

AQUIFER (FORMERLY MED-U) REQUIRED CASES
Students are required to complete 43 online cases during the course of the clerkship. These are all part of Aquifer online case repository. Specific case names and numbers are listed below. Students should average about one case per week throughout the clerkship. As a milestone, 21 of the 43 online cases must be completed prior to the mid-clerkship test week. All must be completed prior to the start of the final test week. Failure to meet these milestones is a professionalism issue and may result in an adjustment in the professionalism competency grade.

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<thead>
<tr>
<th>AQUIFER/CLIPP (PEDIATRICS) – 15 CASES</th>
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<tr>
<td>Case 1: Evaluation and care of the newborn infant</td>
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<td>Case 6: 16-year-old boy’s pre-sport physical</td>
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<td>Case 7: Newborn with respiratory distress</td>
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<td>Case 8: 6-day-old with jaundice</td>
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<td>Case 9: 2-week-old with lethargy</td>
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<td>Case 11: 5-year-old with fever and adenopathy</td>
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<td>Case 15: 2 siblings with vomiting (4 yo, 8-week old)</td>
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<td>Case 19: 16-month-old with a first seizure</td>
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<td>Case 20: 7-year-old with headaches</td>
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<td>Case 22: 16-year-old with abdominal pain</td>
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<td>Case 24: 2-year-old with altered mental status</td>
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<td>Case 28: 18-month-old with developmental delay</td>
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<td>Case 29: Infant with hypotonia</td>
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<td>Case 30: 2-year-old with sickle cell disease</td>
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<td>Case 32: 5-year-old with rash</td>
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<tr>
<th>AQUIFER/fmCASE (FAMILY MEDICINE) – 14 CASES</th>
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<tbody>
<tr>
<td>Case 1: 45 year old female annual exam *</td>
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<td>Case 2: 55 year old male annual exam *</td>
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<td>Case 5: 30 year old female with palpitations</td>
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<td>Case 6: 57 year old female presents for diabetes visit *</td>
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<td>Case 8: 54 year old male with elevated blood pressure *</td>
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<td>Case 10: 45 year old male with low back pain *</td>
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<td>Case 11: 74 year old female with knee pain</td>
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<td>Case 18: 24 year old female with headaches</td>
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<td>Case 19: 39 year old male with epigastric pain</td>
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<td>Case 20: 28 year old female with abdominal pain</td>
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<td>Case 25: 38 year old male with shoulder pain</td>
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</table>
Case 26: 55 year old male with fatigue
Case 29: 72 year old male with dementia *
Aquifer Oral Presentation Skills (Skills 1-4)*
*Required during FM Preceptorship/Mini-Block

**AQUIFER/WiseMD (SURGERY) – 14 CASES**

- Anorectal Disease
- Appendicitis
- Bariatric Surgery and Obesity
- Bowel Obstruction
- Breast Cancer Surgery
- Burn Management
- Cholecystitis
- Colon Cancer
- Diverticulitis
- Inguinal Hernia
- Pancreatitis
- Skin Cancer
- Thyroid Nodule
- Trauma Resuscitation

**AQUIFER (FORMERLY MED-U) ELECTIVE CASES**

The following is a list of elective cases that have been identified by the clerkship directors of various disciplines that can be completed for additional learning in a respective discipline. These cases are not required and were selected to provide students additional learning in these respective disciplines.

**AQUIFER FAMILY MEDICINE – OBGYN Elective Cases – 3 CASES**

- Case 12: 16 year old female with vaginal bleeding and UCG
- Case 14: 35 year old with missed period
- Case 17: 55 year old post-menopausal female with vaginal bleeding

**AQUIFER FAMILY MEDICINE – PSYCHIATRY Elective Case – 1 CASE**

- Case 3: 65 year old female with insomnia

**STUDENT PATIENT EXPERIENCE LOG (SPEL)**

What is SPEL?
The Student Patient Experience Log (SPEL) allows students to maintain a log of patient encounters during medical school. It is accessible in One45.

What is considered an experience?
An experience is any meaningful interaction with a patient in which the student directly participates in patient care. As long as each encounter is “meaningful” and occurs on a new day, please log a new entry in SPEL. For example, if you round for three days on a patient admitted for an acute myocardial infarction and write a note for each day, this is counted as three separate SPEL entries. Likewise, if you see a diabetic patient in clinic every three months for a total of three times, and you participate in each
encounter, this is counted as three separate SPEL entries. Patient encounters like this may occur with hospital, clinic, or continuity patients.

Document patients in SPEL for any of the following examples:
1. Performed a completed H&P and completed an audit
2. Participated in a medical procedure or surgery
3. Participated in obtaining a significant focused part of the history (Adult, pediatric or newborn), and/or:
   a. Discussed the differential diagnosis or diagnostic plan
   b. Contributed to the discussion of a management plan
   c. Counseled a patient regarding the management plan
4. Participated in performing a focused part of the physical exam (Adult, pediatric or newborn), and/or:
   a. Discussed the differential diagnosis or diagnostic plan
   b. Contributed to the discussion of a management plan
   c. Counseled a patient regarding the management plan
5. Post-operative/post-partum visit

Do NOT document in SPEL for the following examples:
1. Heard about another student’s patient on rounds
2. Discussed a patient in small group
3. Listened to a patient present their story to a large classroom
4. Followed your attending in a clinic or hospital but did not actively examine or participate in that patient’s diagnostic or therapeutic plan

What gets recorded on SPEL?
Within SPEL, there is both an encounter (diagnosis) log and a procedure log. Some patients will be entered into SPEL simply as a diagnosis, e.g. a child with strep pharyngitis. Other patients may qualify as both a diagnostic encounter and as a procedure, e.g. a patient with colon cancer who undergoes a colon resection. To protect confidentiality, the patient’s name, birthdate or record number should not be entered into the log. Instead, enter the date of the encounter, supervising physician, age range, gender, the setting (clinic, hospital, ER), whether this is a continuity patient, the patient’s diagnosis(es) or presenting complaint, the level of participation (observed or participated). Students may also enter a brief note about the encounter and identify ethical, professional, diversity, or quality issues, if applicable. The procedure log is similar in format.

<table>
<thead>
<tr>
<th>#</th>
<th>REQUIRED CLINICAL ENCOUNTERS (SPEL)</th>
<th>Clinical Setting</th>
<th>Participation Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Child Health – Central Nervous System</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>3</td>
<td>Child Health – Chronic Medical Problem</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>3</td>
<td>Child Health – Dermatologic System</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>1</td>
<td>Child Health - Development</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>1</td>
<td>Child Health – Emergent Clinical Problem</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>3</td>
<td>Child Health - Gastrointestinal</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>1</td>
<td>Child Health - Growth</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>3</td>
<td>Child Health – Lower Respiratory</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>1</td>
<td>Child Health – Unique condition: Fever without localizing findings</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>1</td>
<td>Child Health – Unique condition: Neonatal Jaundice</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>#</td>
<td>PROCEDURES (SPEL)</td>
<td>Clinical Setting</td>
<td>Participation Level</td>
</tr>
<tr>
<td>----</td>
<td>--------------------------------------------------</td>
<td>---------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>15</td>
<td>Child Health - Well-child exam</td>
<td>Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>15</td>
<td>Child Health - Newborn exam</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>5</td>
<td>Medical Procedures</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>2</td>
<td>Surgery – Bladder Catheter Insertion</td>
<td>Inpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>2</td>
<td>Surgery – IV Placement</td>
<td>Inpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>2</td>
<td>Surgery – NG/OG Placement</td>
<td>Inpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>10</td>
<td>Surgery – Endoscopy (EGD/Colonoscopy/Bronchoscopy)</td>
<td>Inpatient/Outpatient</td>
<td>Observed</td>
</tr>
<tr>
<td>20</td>
<td>Surgery - Abdominal Surgery (Abdominal/Pelvis)</td>
<td>Inpatient</td>
<td>Participated</td>
</tr>
</tbody>
</table>

| 3  | Child Health – Upper Respiratory                  |                           |                     |
| 5  | Medical Conditions - Cancers                      |                           |                     |
| 10 | Medical Conditions - Cardiovascular               |                           |                     |
| 15 | Medical Conditions - Dermatology                  |                           |                     |
| 5  | Medical Conditions – Ears/Nose/Throat             |                           |                     |
| 10 | Medical Conditions - Endocrinology                |                           |                     |
| 15 | Medical Conditions - Gastrointestinal             |                           |                     |
| 10 | Medical Conditions – Health Maintenance           |                           |                     |
| 3  | Medical Conditions - Hematologic                  |                           |                     |
| 15 | Medical Conditions – Infectious Disease           |                           |                     |
| 5  | Medical Conditions - Nephrology                   |                           |                     |
| 3  | Medical Conditions - Ophthalmology                |                           |                     |
| 1  | Medical Conditions - Orthopedics                  |                           |                     |
| 3  | Medical Conditions – Psycho-social issues         |                           |                     |
| 15 | Medical Conditions – Pulmonary                    |                           |                     |
| 5  | Medical Conditions - Rheumatology                 |                           |                     |
| 5  | Medical Conditions - Urology                      |                           |                     |
| 10 | Mental Health – Anxiety Disorders                 |                           |                     |
| 10 | Mental Health – Attention Deficit Hyperactivity Disorder |               |                     |
| 10 | Mental Health – Cognitive Disorders/Dementia      |                           |                     |
| 1  | Mental Health – Eating Disorders                  |                           |                     |
| 10 | Mental Health – Mood Disorders                    |                           |                     |
| 5  | Mental Health – Pervasive Developmental Disorders |                           |                     |
| 5  | Mental Health – Sleep Disorders                   |                           |                     |
| 10 | Mental Health – Substance Dependence              |                           |                     |
| 10 | Mental Health – Thought Disorders                 |                           |                     |
| 5  | Neurology – Predominantly Chronic Neurologic Disorders |               |                     |
| 5  | Neurology – Predominantly Transient/Paroxysmal Neurologic Dis. | |                     |
| 3  | Neurology – Predominantly Urgent/Emergent Neurologic Dis. Disorders | |                     |
| 5  | Surgery – Preoperative Evaluation (Day of Surgery in Hospital) | |                     |
| 10 | Surgery – Postoperative Evaluation (Daily Encounter in Hospital) | |                     |
| 1  | Surgery – Trauma or Emergency Evaluation (Inpatient Encounter) | |                     |
| 10 | Women’s Health – Gynecology Conditions            |                           |                     |
| 10 | Women’s Health – Obstetrics Conditions            |                           |                     |
| 15 | Women’s Health – Office Practice or Other         |                           |                     |
| 10 | Professionalism/Diversity/Quality                 |                           |                     |
STUDENT ATTENDANCE POLICY

Attendance is mandatory for all clerkship activities. These activities include clinic time, small group, and Friday Academy. **Excused absences require prior approval two weeks in advance of the requested date and completion of an Absence Request Form.** The Campus Dean (or designee) will address absences or needed changes in call or the schedule due to illness or emergency on an individual basis. Unexcused absences will be reported to the Campus Dean’s office and may necessitate review by the Student Progress and Conduct Committee (SPCC). Punctuality is essential, expected, and part of the professionalism competency.

**One half day in clinic should involve 2-4 hours of patient care activity.** On occasion, following a cohort patient or other patient care learning opportunity may lead to missed clinic time. Students will need to prioritize learning. If students miss a clinic due to patient care activity, they are expected to inform their faculty preceptor and arrange a make-up clinic during student white space.

During Pillar 2, students are granted the following **six holidays***:

- New Year’s Day
- Memorial Day
- Fourth of July
- Labor Day
- Thanksgiving Day
- Christmas Day

*Note:
- When a holiday falls on Saturday or Sunday, vacation is observed on Friday or Monday, respectively.
- There are some holidays when the SSOM offices are closed, but Pillar 2 students DO NOT get the day off from clinical activities. These holidays include, but are not limited to: Martin Luther King Day, President’s Day, Columbus/Native American Day, and Veteran’s Day.

Students are granted wellness days which occur on the Friday prior to Memorial Day, Labor Day, and mid-year NBME exam week. They are excused from all clinical and educational activities on these days.

In addition, students may take **six vacation days (full day)** over the course of LIC. Note that vacation or education days are not permitted during the mini-blocks, test weeks, OSCE, palliative care, or during specific required sessions in Friday Academy as outlined in the Friday Academy calendar. In addition, leave cannot be used to eliminate a scheduled call day. Vacation time must be taken for missed “White Space” also.
Beyond the 15 days listed above, students may take **up to five education days** to attend workshops or medical conferences. Education days should not be taken for studying. Students are required to make up time missed from clinic or the operating room for education days. Students are not required to make up holiday or vacation days. Students must complete an **Absence Request Form** when planning time away (found in the Additional Forms and Policies folder in D2L) and submit at least two weeks prior to leave.

Absences during Pillar 2 due to personal illness and/or family crisis will be privately discussed between the student and the Campus Dean (or designee). Students are responsible for notifying their preceptors and the Education Coordinator immediately of the reason for absence and proposing how they will choose to make up the missed clinical sessions or white space activities. A student may choose to use a vacation day to avoid making up a clinical activity missed due to personal illness and/or family crisis. If the absence exceeds two days, students must (a) submit a statement from their physician and (b) speak directly to the campus dean (or designee) to arrange to make up lost clinical time and experience, and (c) notify the Student Affairs Office.

A prolonged absence from the mini-block experiences must be made up in an equivalent mini-block experience. This could be accomplished at later points of the clerkship. An extended absence, due to emergency, health, or other circumstances during the LIC could be made up, at least in part, during the student’s unscheduled white space. Students may be granted, by action of their respective LIC Coordinating Committee, use of white space to compensate for up to three weeks of missed time, as long as no more than 50% of the available white space is used for this purpose. **This does not pertain to students who have delayed taking USMLE STEP 1 due to academic difficulties as outlined in the Student Affairs Handbook.** In addition, students who elect to make up time during the same academic clerkship are expected to maintain satisfactory progress in all disciplines, SPEL reporting, history and physical exams, and other requirements of the LIC. The respective coordinating committee and campus dean, in consultation with the Dean of Student Affairs, reserve the right to adjust an individual remediation plan based on the student’s unique circumstances.

Absences for any other reason will be considered unexcused, unless written approval is received from the Campus Dean at least 30 days prior to the event causing the absence. In any case, students must make up all missed clinical time. Until the time missed is made up, a student’s final grade will be recorded as Incomplete. **An unexcused absence will be reflected on the student’s written record and may adversely affect the final grade. Unexcused absences are considered a breach in professionalism and may cause a student to fail the professionalism competency, which would result in an overall failure of the Pillar 2 clerkship year.**

**CONTINUITY PATIENTS**
Students have the opportunity to identify a panel of patients whom they will follow more closely throughout the clerkship. The continuity patients may be picked up during the initial hospital-based mini-blocks, e.g. a person injured in a multiple trauma accident requiring rehabilitative care picked up during the week of surgery, or a newborn infant delivered during the week of OB/Gyn. Another way continuity patients can be picked up in the hospital setting is when students are on call during the weekend or doing their surgery call experience. Continuity patients may also be identified during the LIC clinic, e.g. a pregnant woman from OB clinic, an athlete undergoing outpatient surgery for a torn ACL, or a man recently diagnosed with cancer undergoing chemotherapy and radiation therapy. **Students should identify 4-5 continuity patients in each discipline, totaling at least 25 patients.** Some of these student-patient relationships will involve numerous meaningful encounters during the clerkship while
others may not. Students should follow their continuity patients by attending their patients’ surgeries or deliveries, or accompanying them to outpatient appointments. By choosing what healthcare encounters to attend with their continuity patients, students will have opportunities to direct their own learning and pursue areas of individual interest. In order for students to attend an appointment or procedure for a continuity patient, it may be necessary to leave a scheduled LIC clinic. Students should inform their clinic preceptor and arrange to make up clinic absences during their unscheduled “white space.” See more below about white space.

When entering a continuity patient encounter in SPEL, students should designate it as a continuity patient encounter.

Each clinical site has its own respective method to help facilitate the connection and contact you may have with your continuity patients. Some electronic medical records allow a student to add his or her name to the care team and receive notifications about admissions, procedures, and discharges. Other systems require students to use a consent form to be added to a call list that will inform them of a patient’s admission or care. A student should familiarize themselves with the method that works best for his or her campus and take every advantage to be involved in the care of various patients across the core disciplines in Pillar 2.

**HOSPITAL ROUNDS**

Students are expected to continue hospital-based activity throughout the primarily ambulatory LIC experiences. Students should complete hospital rounds on any hospitalized continuity patients, post-operative patients, or postpartum patients/newborns on a daily basis, including at least one weekend day if hospitalized over the weekend. Some of the disciplines have scheduled opportunities to join the inpatient resident team for rounds (e.g. Pediatrics and Internal Medicine). Student will receive additional information on these schedules early in the Pillar 2 clerkship.

Hospital rounds are typically conducted in the morning. Similar to the mini-block inpatient schedule, students may need to “pre-round” or check on their patients before rounding with the attending physician or resident. Students should have a good understanding of their patient(s), changes that have occurred over the past day, and a plan for the subsequent day. In order to meet these expectations, students may need to arrive at the hospital early, often an hour before scheduled rounds.

**PILLAR 2 CALL/NIGHT SHIFTS**

In Pillar 2, all students are given the opportunities to take call. Please remember that a student’s attentiveness and engagement of faculty, staff, and residents during this time will make for a better learning experience during call. It is also important to understand and learn the expectations and rules of call for each respective clinical campus. Duty hours should always be followed when participating in any weekday or weekend call experience.

The following policy for SSOM Medical Student Duty Hours is based upon the ACGME duty hour requirements for residents:

Duty hours are defined as all clinical and academic activities related to the medical education program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities
such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

It is both the responsibility of the supervising faculty and each medical student to ensure compliance with the restrictions below so a student does not violate the medical student duty hours as defined by this policy. If a student chooses to disregard faculty recommendations regarding this policy or willingly chooses to not follow the duty hours policy as outlined, their actions may be reflected in their professionalism grade assigned to them by their respective LIC Campus Coordinating Committee.

Restrictions:

• Clinical and educational work hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities.
• Clinical and educational work periods must not exceed 24 hours of continuous scheduled assignments. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and for student education. However, additional patient care responsibilities must not be assigned to the student during this time.
• Students must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of at-home call. One day is defined as one continuous 24-hour period free from all clinical and educational duties.
• Adequate time for rest and personal activities must be provided. This should consist of an eight-hour break provided between all work shifts. The exceptional circumstance in which a student may choose to return to the hospital with fewer than eight hours break is for the care of a continuity patient. These additional hours of care will be counted toward the 80-hour weekly limit and the one-day-off-in-seven requirement.
• All students must have at least 14 hours free of clinical work after 24 hours of clinical assignments.
• Students must be scheduled for in-house call no more frequently than every third night (averaged over a four-week period). In-house call is defined as those duty hours beyond the normal work day, when students are required to be immediately available in the assigned institution.
• Time spent on patient care activities by students on at-home call must count toward the 80-hour and one-day-off-in-seven requirements. At-home call (or pager call) is defined as a call taken from outside the assigned institution. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each student. Students taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
• When students are called into the hospital from home, the hours students spend in-house are counted toward the 80-hour limit. The course or clerkship director and the faculty must monitor the demands of at-home call in their programs, and make necessary scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

ER CALL (YANKTON)

Students in Yankton will spend approximately one evening, 6:00 - 11:00 PM, every 10 weekdays, and one weekend day approximately every 7-8 weeks from 8 AM – 11 PM, working with Emergency, Labor & Delivery, and Surgery Department providers to increase their skills in these areas. As in all aspects of the LIC, the call portion is student centered and the student is responsible to aggressively seek the
opportunities to learn skills in ED, Labor & Delivery, and Surgery. Priority focus should first be ED, if there are no patients in the ED students may then choose opportunities in Labor & Delivery or Surgery. If there are no patients in Labor and Delivery or in Surgery, students are expected to be in the Emergency Room the entire time.

**NOTE:** To enhance continuity of patient care: Should a patient come to ER, delivery, or admissions, that another student has been and is following, the on call student is responsible to notify his/her classmate. Although this student then has the option of coming to the hospital to see and care for his/her patient, it is expected that this student will make this extra effort to see his/her patient.

**OB CALL (SIOUX FALLS AND RAPID CITY)**
Call for OB will be a 12 hour shift from 7:00 to 7:00 (AM or PM shifts) in a laborist model. Students will complete a total of six shifts. At least two of these shifts are required to be night shifts. The student should be at the L&D nurses station during the shift. If there is not much learning experience happening at the L&D desk the student may seek learning opportunities in postpartum and newborn nursery, while still being available for L&D as patients and situations change. The student will assist with all deliveries during the 12 hour shift unless per patient request. This cannot be substituted for your scheduled LIC clinic time or OR time spent with your attending.

In Rapid City, students will be expected to set up these 12 hour shifts with various laborists. In Sioux Falls, your LIC Education Assistant will assign call shifts to allow for completion of this requirement.

**SURGERY CALL / NIGHT SHIFTS (SIOUX FALLS & RAPID CITY)**
Students will complete one surgery NIGHT SHIFT per month (7 for the clerkship) with the on-call surgical services, including at least one, 24-hour weekend shift, which will include a patient’s post-op, follow up assessment and progress note. Date and time should be determined by the student (Rapid City) or will be scheduled by your respective LIC Education Assistant (Sioux Falls). Some key aspects of the surgical night shift include the following:
- All night shifts will be “in-house” for consistency of student experiences
- Night shifts will be a minimum of 12 hours with up to 4 hours of additional work to allow for rounding on post-op patients
- During the nine months, one of the night shifts, will be spent focusing on the surgical floor. Students are to report to surgical resource nurse/shift supervisor for responsibilities for the shift.
- If the Attending Surgeon or surgical resident is not in-house during the night shift, the student will do the following:
  - Inform the OR and floor nursing staff that they are doing the surgery night shift experience and seeking as many surgery-related experiences as possible (including pre- and post-operative procedures and skills
  - Provide contact information to appropriate nursing staff for use during the night shift
  - Provide the start and end times of their night shift to nursing staff
  - Report to the surgical floor and work with nursing staff during the night shift to perform procedures and wound management if they are not needed in the OR or are not actively working with another patient.
The student is expected to be present, staying with the surgeon, team, or patients during that time. It is important students take an active role in this experience. To the extent possible, students should make rounds with the surgeon and team on subsequent days to learn important aspects of post-op care.

- **In Rapid City, students will complete the following for surgery call:**
  - 3 “attending” 12-hour shifts
  - 3 24-hour shifts (30 hours with AM rounds)
  - 1 12-hour “floor shift” with the ICR CRN.
  - All shifts are completed in-house and must be scheduled with the Education Coordinator
  - Call Form must be completed, signed and turned into the Education Coordinator for credit

**FARM CALL**
- FARM students will complete an average of one weeknight call every other week and one weekend 24-hour call per 4-week cycle. FARM call can be “home” call where the student is at home but can be called in to the hospital while at home.
- Call includes the surgery and OB cases that present to the Emergency room or cases as directed by the “On-Call” physician.

**SELF-DIRECTED LEARNING (WHITE SPACE)**
Self-Directed Learning is a key element of the LIC curriculum and of lifelong learning. Students have approximately 1½ days each week during which they are not pre-scheduled in the clinic or operating room. Given its appearance in the student schedule, this time is often referred to as “white space.” The following are some parameters that will help students make the best use of this time:

- White space can be used to exchange with a scheduled clinic for professional reasons. Discuss this with your LIC attending in advance.
- White space is not vacation or “free-time.” Students should not move clinic days or half days to create white space with the intent of using it for vacation. Prior approval, including an Absence Request Form, is required for any time away from patient care or educational activities.
- White space should be used to follow continuity patients who are hospitalized, undergoing a procedure, or at a specialist consultation. This is also an ideal time to do H&Ps, or make rounds on hospital or nursing home patients. Students should also consider using this time to complete their Pillar 2 requirements. Students should actively seek out encounters or procedures that are required. Steady progress over the clerkship will avoid a rush in the last month of the clerkship also avoiding an undue burden on faculty and administrative staff.
- White space can also be used to pursue areas of clinical interest. This aspect is lower in priority than the activities outlined above. Whenever possible, such activities should involve more than simply observing patient care with a subspecialist.
- White space can be used to read, study, or attend grand rounds and other local educational sessions. This is probably the least effective use of time. Regular reading is important but better done on a scheduled basis during evenings and weekends.
- Students are expected to be at the student center (Yankton/Rapid City) between 8 AM and 5 PM if they are not participating in patient care.

A student will be allowed to use one ½ day per week in white space to be engaged in scholarly activity to work on any of the following projects.

- HQIP projects
• Research projects
• Journal Club
• Ethics discussion posts
• Scholarship Pathways projects (if enrolled previously)
• Cultural Immersion posters
• Community Projects (FARM Students)

STUDENT CENTERED LEARNING
At the end of Pillar 2, students will be given an opportunity to create a four-week learning experience known as student centered learning.

General Info
- Students are given an opportunity to create a 4-week learning experience during weeks 48-51 of Pillar 2
  - 1/1/21 (New Year’s Day) is recognized as a student holiday (no clinical activity is required)
- Choices made by the student needs to be approved by that student’s respective LIC Coordinating Committees
- Approval of SCL schedules will be based on the following:
  - SPEL data (areas that have not been met); this will always be a priority in scheduling of SCL weeks
  - Areas of weakness that need developed
  - Needs & interests of student
- All students will be given the last 3 days of week 4 off for studying without using vacation days

Rules for SCL Weeks
- The intent of SCL is to continue to build on the generalist training provided in the seven core disciplines of Pillar 2
- Must stay on home campus unless a clinical experience is not offered on their specific home campus. (For example, Yankton students will need to come to Sioux Falls for neurology)
- If a clinical experience is not offered, the Education Coordinators will look to see if capacity allows a student to go to another campus.
- Once SCL schedule is approved, NO changes will be allowed
- No more than 2 weeks in any one discipline
- No more than 1 week in a specific subspecialty/area of interest
- No white space or vacation allowed during mini-blocks if a student chooses to repeat a mini-block
- Required call during a mini-block cannot be counted towards Pillar 2 requirements
- Vacation requests must be submitted at least 4 weeks before start of SCL
- Cannot split weeks into multiple disciplines
  - Ex. Internal Medicine MB (Monday – Wednesday) & LIC (Thursday – Friday)

Options to Fill Weeks
- Continue with LIC weeks/Stay on FARM Site
- Spend a week with a specific LIC attending or core discipline service
  - Ex) Internal Medicine outpatient attending, Family Medicine attending
- Subspecialties
- Ex) Radiology, Neuro-intensivist, Orthopedic Surgery, NICU, Anesthesia
- Education Coordinators will coordinate students to go to another campus if a specific subspecialty is not available on their home campus, if capacity allows.
- Note: Pillar 3 will provide more opportunities to spend time in specialty areas
  - Use vacation to study for Final NBME exams
    - This will be taken from your 6 allotted days; If you do not have remaining vacation days, this is NOT an option

**Process of Creating Schedule**
- Student requests will be prioritized in the following order
  1) Vacation
  2) LIC
  3) Mini-blocks
  4) Elective/Specialties

**LEARNING ISSUES AND MAJOR DIAGNOSES OR CLINICAL TOPICS**
Identifying and addressing learning gaps is an essential lifelong skill. Learning issues can help students direct their own learning, develop clinical reasoning, and better understand important principles and key concepts. In addition to the small group process, students are asked to develop learning issues in the clinic or hospital during direct patient care. Students should independently research the identified learning issues utilizing appropriate resources (appropriate on-line resources and other faculty) and present the findings at the next clinical encounter with their preceptor. Some faculty have requested a list of the major diagnoses or topics to cover for the clerkship year. In order to facilitate discussion and ensure that some of these key topics are covered, a list of “Top 10” diagnoses by discipline can be found at the end of this handbook. That section also includes Professionalism, Diversity, and Quality (PDQ) topics that cross all disciplines.

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

**Identify the Need**
- After hearing the patient presentation (or at the end of the session), have the learner either identify his or her learning question or prompt him or her by asking
  - “Based on the patients you saw today, what are your questions?”
  - “What is the one thing you would like to learn more about?”
  - “What troubled you today?”
  - “What might you improve?”

**Make an Assignment**
- Ask the learner to formulate the question
- Ask the learner to research the answer to the question
- Specify a time for the learner to report back to you with the results of the research

**Identify Potential Resources**
• Point of Care EBM Resources (eg. Dynamed, UpToDate)
• Databases (eg. Pubmed/Medline, Cochrane, National Guidelines Clearinghouse)
• Journal articles
• Consultants

“Close the Loop”
• The learner reports back on what was found
  o Gives an oral presentation
  o Submits a written outline
  o Incorporates it into a patient write-up or assessment

SMALL GROUP
Rapid City
Student small group sessions are scheduled generally every other week and student attendance is mandatory. The groups are typically comprised of 5-6 students and one faculty facilitator. In the first 45 minutes, one student presents the case, another serves as a scribe to record pertinent data, and the remaining students work through the case by developing a differential and creating learning issues. The cases come from patients that students have seen in the hospital or clinic. Beyond diagnostic reasoning, students are asked to concentrate on pathophysiology, diagnostic testing, management, prevention, and ethical issues. In the process, all students in the group suggest various learning issues. Students are able to direct their own learning, as these issues are prioritized and divided among the group for review later during the session.

In the next 30 minutes, students will research the learning topic that was assigned and prepare to share findings to the group.

In the last 45 minutes, each student presents for 5-10 minutes on the assigned topic. This presentation may involve a pertinent article or other evidence-based resource. The session concludes with a summary or outcome of the case.

Faculty facilitators may include basic science or clinical faculty. While they oversee the dynamics and process of the small group, facilitators should not routinely serve as the content expert. In fact, cases will often fall outside their specified area of expertise. On occasion, faculty may briefly step out of the facilitator role to offer comment or advice. Overall, the process of developing, researching, and reporting on learning issues leads to improved knowledge retention and lifelong learning skills. The makeup of various small groups will change in mid-clerkship. Facilitators can lead multiple sessions through the year. Small group session times vary by campus and are held at the main campus building or student center. Students will require adequate time away from clinic for the session itself and travel time before and after.

PATIENT PRESENTATION—45 Minutes
• A member of the group will choose to present a patient he/she has seen.
• Another student will serve as the scribe at the whiteboard.
• The History of the Present Illness will be presented first. The scribe will write down important data, group questions, hypothesis, and learning issues.
• The presenter will answer questions raised over historical data and present, when questioned, the PMH, PSH, ALL, MEDS, FH, SH, and ROS if important to the discussion or if the data was requested by the group.
• The presenter will provide the physical examination as it is requested by the students.
• Group will review the data, questions, hypothesis, and learning issues for additions or deletions.
• The group members distribute the various learning issues. Ensure all of the learning issues have been assigned.

STUDY/RESEARCH TIME—30 Minutes
• Students will research learning issues and prepare to present findings

LEARNING ISSUES—45 Minutes
• Group sharing and discussion of each of the learning issues.
• Generation of any subsequent learning issues which may appear during the above discussion.
• Discussion of the resources used for the issues - what was helpful, what was not helpful?
• End session with a brief discussion of group dynamics; what went well and what could improve. Facilitator will review interactions and will complete an assessment of every member of his or her small group’s performance.

Sioux Falls
Student small group sessions are scheduled generally every other week and student attendance is mandatory. The groups are typically comprised of 5-6 students and one faculty facilitator. In the first 35 minutes, one student presents the case, another serves as a scribe to record pertinent data, and the remaining students work through the case by developing a differential and creating learning issues. The cases come from patients that students have seen in the hospital or clinic. Beyond diagnostic reasoning, students are asked to concentrate on pathophysiology, diagnostic testing, management, prevention, and ethical issues. In the process, all students in the group suggest various learning issues. Students are able to direct their own learning, as these issues are prioritized and divided among the group for review later during the session.

In the next 20 minutes, students will research the learning topic that was assigned and prepare to share findings to the group.

In the last 35 minutes, each student presents for 5-10 minutes on the assigned topic. This presentation may involve a pertinent article or other evidence-based resource. The session concludes with a summary or outcome of the case.

Faculty facilitators may include basic science or clinical faculty. While they oversee the dynamics and process of the small group, facilitators should not routinely serve as the content expert. In fact, cases will often fall outside their specified area of expertise. On occasion, faculty may briefly step out of the facilitator role to offer comment or advice. Overall, the process of developing, researching, and reporting on learning issues leads to improved knowledge retention and lifelong learning skills. The makeup of various small groups will change in mid-clerkship. Facilitators can lead multiple sessions through the year. Small group session times vary by campus and are held at the main campus building or student center. Students will require adequate time away from clinic for the session itself and travel time before and after.

PATIENT PRESENTATION—35 Minutes
• A member of the group will choose to present a patient he/she has seen.
• Another student will serve as the scribe at the whiteboard.
• The History of the Present Illness will be presented first. The scribe will write down important data, group questions, hypothesis, and learning issues.
• The presenter will answer questions raised over historical data and present, when questioned, the PMH, PSH, ALL, MEDS, FH, SH, and ROS if important to the discussion or if the data was requested by the group.
• The presenter will provide the physical examination as it is requested by the students.
• Group will review the data, questions, hypothesis, and learning issues for additions or deletions.
• The group members distribute the various learning issues. Ensure all of the learning issues have been assigned.

STUDY/RESEARCH TIME—20 Minutes
• Students will research learning issues and prepare to present findings

LEARNING ISSUES—35 Minutes
• Group sharing and discussion of each of the learning issues.
• Generation of any subsequent learning issues which may appear during the above discussion.
• Discussion of the resources used for the issues - what was helpful, what was not helpful?
• End session with a brief discussion of group dynamics; what went well and what could improve.
  Facilitator will review interactions and will complete an assessment of every member of his or her small group’s performance.

Yankton and FARM
Student small group sessions are scheduled in two week sessions, and student attendance is mandatory. The groups are typically comprised of 5-6 students and one faculty facilitator. In the first session, one student presents the case, another serves as a scribe to record pertinent data, and the remaining students work through the case by developing a differential and creating learning issues. The cases come from patients that students have seen in the hospital or clinic. Beyond diagnostic reasoning, students are asked to concentrate on pathophysiology, diagnostic testing, management, prevention, and ethical issues. In the process, all students in the group suggest various learning issues. Students are able to direct their own learning, as these issues are prioritized and divided among the group for review later that week.

In the second session, students return with their researched learning issues and each presents for 5-10 minutes on the assigned topic. This presentation may involve a pertinent article or other evidence-based resource. The session concludes with a summary or outcome of the case. Faculty facilitators may include basic science or clinical faculty. While they oversee the dynamics and process of the small group, facilitators should not routinely serve as the content expert. In fact, cases will often fall outside their specified area of expertise. On occasion, faculty may briefly step out of the facilitator role to offer comment or advice. Overall, the process of developing, researching, and reporting on learning issues leads to improved knowledge retention and lifelong learning skills.

The makeup of various small groups will change in mid-clerkship. Faculty members who are interested in serving as a facilitator are asked to sign up for a block of two weeks. Facilitators can lead multiple sessions through the year. Small group session times vary by campus and are held at the main campus building or student center. Students will require adequate time away from clinic for the session itself and travel time before and after.

DAY ONE – PATIENT PRESENTATION
• A member of the group will choose to present a patient he/she has seen.
• Another student will serve as the scribe at the whiteboard.
• The History of the Present Illness will be presented first. The scribe will write down important data, group questions, hypothesis, and learning issues.
• The presenter will answer questions raised over historical data and present, when questioned, the PMH, PSH, ALL, MEDS, FH, SH, and ROS if important to the discussion or if the data was requested by the group.
• The presenter will provide the physical examination as it is requested by the students.
• Group will review the data, questions, hypothesis, and learning issues for additions or deletions.
• The group members distribute the various learning issues. Ensure all of the learning issues have been assigned.
• End session with a brief discussion of group dynamics; what went well and what could improve. Facilitator will review interactions and will complete an assessment of every member of his or her small group’s performance.

DAY TWO – LEARNING ISSUES
• Group sharing and discussion of each of the learning issues.
• Generation of any subsequent learning issues which may appear during the above discussion.
• Discussion of the resources used for the issues - what was helpful, what was not helpful?

CAREER COUNSELING
Choosing a career specialty is the single most important personal decision facing medical students, and students begin seriously thinking about this as they enter their years of clinical training. We have important resources to help the faculty member and student navigate this important process.

The University of South Dakota Sanford School of Medicine participates in the CAREERS IN MEDICINE program of the AAMC. This is an excellent website which offers valuable information to both students and faculty, including the areas of choosing a specialty and getting into a residency. The site contains all of the information necessary to assist students in the area of career counseling and is at https://www.aamc.org/students/medstudents/cim. Please contact Suzanne.Reuter@usd.edu, Assistant Dean of Medical Student Affairs if you have difficulty logging on to the web site. One of the most useful resources at this site is the “Specialty Pages” that gives detailed information about most medical specialties.

Finally, the web site “FREIDA” lists information on every accredited resident training program in the country, and gives valuable information such as the average STEP I and II Board scores of the residents they accepted the previous year, and other important facts. This site can be accessed at http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page.

ASSESSMENT AND FEEDBACK
One45
The OME uses an online assessment and evaluation platform, One45, for all clinical assessments in Pillar 2, as well as course and faculty evaluations. All assessments in Pillar 2 are completed by the assigned faculty member via One45. One45 is an electronic education record, similar to an electronic medical record. As such, the OME is required to follow the federal law pertaining to the privacy of student educational records, known as the Family Educational Rights and Privacy Act (FERPA)\(^2\). In additional, the OME must follow South Dakota Board of Regents policies (see 3:5\(^3\)) and LCME Standard 11.5 pertaining
to the confidentiality of student educational records. Therefore, access to One45 and the content therein will be “limited to school officials with legitimate educational interest” as outlined by FERPA. Individuals will only have access to the functions needed to perform their professional responsibilities. Additionally, once an assessment has been submitted to One45 by a faculty member it becomes part of the student’s permanent educational record and cannot be changed.

Each faculty member must provide a current preferred email address to receive assessments of student performance. To update or change your email address for this purpose please contact your department assistant. Faculty members will be sent an email link when they have assessments to complete. This link will prompt the faculty member to complete the student’s assessment via one45, the digital assessment platform utilized by SSOM. All assessments of student performance for the clerkship should be completed using this method. Students are formally evaluated by their clinical faculty member at least twice during the clerkship. The basic outline of the form can be found on the next page in this handbook. Prompt completion and return of these forms is appreciated.

Faculty members are expected to complete the assessment of student performance within two weeks of receiving the first email from “USD Sanford school of Medicine (via one45) to complete the assessment. This assessment should be completed online using the one45 platform. Faculty will receive weekly reminders to complete the assessment via one45 until the assessment is completed.

In addition to the actual grade or score, students find written comments most helpful. **Attending faculty are required to include specific written narrative assessment on these assessment forms.**

Students are also asked to evaluate their clinical faculty. A copy of this “Student Evaluation of Clinical Faculty” form can be found after the faculty assessment form.
Please make note of the following assessment dates for CO 2022:

CO 2022 Mid-Year and Final Assessment Dates

- Mid-Year and End-of-Year Grade documents for Coordinator Committee Meeting review will be sent 1 week before the meeting or the day after exam results are released to students, whichever is later.
- Final Grade documents for Coordinator Committee Meeting review will be sent the Friday before the scheduled meeting.

Mid-Year Assessment Timeline

June 19, 2020:  CCSE Exam  
June 23, 2020:  CCSE Exam Results released to students  
July 20, 2020:  Assessments Sent (Faculty of student, Coordinator, student of faculty, student of Pillar 2)  
July 31, 2020:  Attending Assessment of Student Performance Assessments Due  
August 7, 2020:  Mid-Year Student Requirements due  
August 10-14, 2020:  Mid-Year Exam Week  
August 14, 2020:  Coordinating Committee Advisor Narrative Assessment of Competencies Due  
August 18, 2020:  Mid-Year NBME Exam results released to students @ 6 pm  
August 17-21, 2020:  Cultural Immersion Week (students gone/excused)  
August 25, 2020:  Yankton Coordinator Committee Meeting -- Mid-Year Review Meeting with Student Face-to-Face Meetings  
August 26, 2020:  [Proposed reschedule from August 19th] Sanford Coordinator Committee Meeting -- Mid-Year Review Meeting with Student Face-to-Face Meetings  
[Proposed reschedule from August 19th] FARM Coordinator Committee Meeting -- Mid-Year Review Meeting with Student Face-to-Face Meetings  

September 2, 2020:  Rapid City Coordinator Committee Meeting -- Mid-Year Review Meeting with Student Face-to-Face Meetings  
September 7, 2020:  Labor Day (SSOM Offices Closed)  
September 9, 2020:  Avera Coordinator Committee Meeting -- Mid-Year Review Meeting with Student Face-to-Face Meetings  
September 11, 2020:  Mid-Year Formative Grades released to students at noon on D2L  

Final Grading Timeline:

November 30, 2020:  Assessments Sent (Faculty of student, Coordinator, student of faculty, student of Pillar 2)  
December 11, 2020:  Attending Assessment of Student Performance Assessments Due  
December 23, 2020  Coordinating Committee Advisor Narrative Assessment of Competencies Due
January 1, 2021: New Year's Day (SSOM Offices Closed)
January 6, 2021: Rapid City Coordinator Committee Meeting – Final Review Meeting with Student Face-to-Face Meetings
January 13, 2021: Avera Coordinator Committee Meeting – Final Review Meeting with Student Face-to-Face Meetings
January 18, 2021: MLK Day (SSOM Offices Closed)
January 20, 2021: Sanford Coordinator Committee Meeting – Final Review Meeting with Student Face-to-Face Meetings
FARM Coordinator Committee Meeting – Final Review Meeting with Student Face-to-Face Meetings
January 22, 2021: All Student Requirements Due
January 25-29, 2021: NBME Exam Week
January 26, 2021: Yankton Coordinator Committee Meeting – Final Review Meeting with Student Face-to-Face Meetings
February 1 - 5, 2021: High Stakes OSCE Week
February 3, 2021: Release of NBME Subject Exam Results @ noon and OSCE Results @5pm to students
February 5, 2021: Final Day for any and all Narrative Assessment Edits
February 8-12, 2021: Assessment Blackout Week
February 15, 2021: President's Day (SSOM Offices Closed)
February 17, 2021: Sanford Final Grades Coordinator Committee Meeting
FARM Final Grades Coordinator Committee Meeting
February 19, 2021: Grades sent to Clerkship Directors for signature via DocuSign
February 23, 2021: Yankton Final Grades Coordinator Committee Meeting
March 3, 2021: Rapid City Final Grades Coordinator Committee Meeting
March 3, 2021: [Proposed reschedule from March 10th] Avera Final Grades Coordinator Committee Meeting
March 5, 2021: Release of Final Grades to CO 2022 Students at noon on D2L
March 19, 2021: Appeals Deadline
April 8, 2021: Discuss Appeals
PILLAR 2 STUDENT ASSESSMENT, PROGRESS, AND POSSIBLE ACTIONS

Student progress is reviewed at least monthly throughout the clerkship. Student feedback, recommendations, and remediation plans or deadlines, in most instances, are communicated to the student by his or her respective campus coordinator after review by the coordinating committee. If additional action is needed, the student would next meet with the Campus Dean then, if not resolved, the Dean of Student Affairs. At any point in this process, referral can be made to the Student Progress and Conduct Committee (SPCC) if student is failing, at risk of failing, or in any case of unprofessional conduct.

A uniform scale was developed to provide a grading scheme for attending assessments, presentations, and other projects throughout Pillar 2. Almost all assessment in Pillar 2 will utilize the following scale:

<table>
<thead>
<tr>
<th>Exceptional</th>
<th>Good</th>
<th>Acceptable</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>95%</td>
<td>91%</td>
<td>89%</td>
</tr>
<tr>
<td>89%</td>
<td>85%</td>
<td>81%</td>
<td>79%</td>
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<tr>
<td>79%</td>
<td>75%</td>
<td>71%</td>
<td>65%</td>
</tr>
<tr>
<td>71%</td>
<td>65%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Monthly
At each monthly meeting, a summary of the student’s progress with feedback for improvement is documented on a written form with one copy provided to the student. Along with this, a document is kept by the campus education coordinator capturing narrative assessment regarding the student’s performance in various competencies. The Pillar 2 faculty coordinating committee member assigned to the student is typically the person completing this form and is responsible for providing additional verbal feedback to the student if necessary.

Mid-Clerkship
The mid-clerkship formative student assessment includes the thorough review of student progress including subject exam scores, attending and other assessments, SPEL data, H&Ps and other requirements. A mid-clerkship formative score is calculated in each discipline and competency for committee review. Students receive their calculated formative score along with a summary of the committee’s review. Students will complete a self-assessment that will be shared with advisors. It is essential that the student receives face-to-face feedback at the mid-clerkship formative student assessment and it is the coordinating committee’s responsibility to confirm that this face-to-face feedback session has occurred to provide the student with guidance and direction needed to allow for continued improvement in Pillar 2.

End-of-Clerkship

Another face-to-face feedback session is required of each coordinator with their assigned students before the final exam week. This provides an opportunity for review of the student’s self-assessment and plan for exams.

Final Grade
A summative grade is calculated in each discipline and competency for committee review. Students receive their calculated grades along with a summary of the committee’s review. Students who receive a deficient (D) or failing (F) grade for any discipline or competency are referred to the SPCC. Subsequent remediation is determined by the SPCC.
Revisions of narrative assessment

Numeric assessments are final as submitted by the attending physician on the Mid-Year Attending Assessment of Student Performance, Mid-Year Coordinating Committee Advisor Narrative Assessment of Competencies, End of Year Attending Assessment of Student Performance, and End of Year Coordinating Committee Advisor Narrative Assessment of Competencies. Absent evidence of misconduct, no revisions will occur.

Narrative assessment is an important aspect of the holistic assessment of student performance throughout Pillar 2 and is a required for accreditation by the LCME (Standard 9.5). The following changes will be made by the Office of Medical Education during grade document creation, prior to the grade document being shared with campus coordinating committees:

- Basic grammar issues (capitalization, punctuation, etc.) will be addressed.
- Abbreviations may be spelled out for better readability. (example: pts – patients)
- Grammatical errors that obscure meaning will be investigated further.
- Removal of punctuation, formatting, or symbols that interfere with the document creation process.

The following changes may be made at the discretion of the campus coordinating committee at the coordinator meeting discussing the Pillar 2 Mid-Year Formative Grade Report and the End of Year Feedback Summary:

- Narrative assessments that are not about the student may be removed (example: Narrative assessment about the clerkship model or assessment process).
- Narrative assessment that violate a student’s privacy (example: student medical health, marital/relationship status, or parental status) may be removed, or edited. Any edits must have the agreement of committee members that the changes are in line with the intent and tone of the original comment.
- Remove duplicate identical narrative assessments.
- If narrative assessment is absent or significantly lacking (E.g. “Good student.”), narrative assessment may be solicited from the original attending physician or another physician the student worked with to provide more depth.

Other than the outlined issues above, **narrative assessment may not be edited or removed by the coordinating committee or by campus leadership outside of the student appeals process** unless misconduct by students or faculty is evident. All revisions, must be completed prior to the end of Pillar 2 educational activities. For regular schedule students this is represented by the end of OSCE week. All changes must be submitted in writing to the Coordinator of Assessment and Evaluation to be saved as part of the academic record and added to grade documentation. Verbal change requests will not be honored.

Appeals process

This appeals process outlines how the OME handles appeals. This process follows South Dakota Board of Regents Policy (see Policy 2.93) and the Medical Student Affairs Handbook², but centralizes the process so that appeals are submitted within the designated timeframe and forwarded to the proper individual in order to assist students with this process and avoid conflicting information from multiple parties.

Within this policy, the term “grade” refers to both the letter grade and narrative assessment. If a student wishes to appeal an assigned grade in a Pillar 2 course or clerkship:
• The student must submit a written appeal using the standard Pillar 2 Appeal Form available in One45. This form must be completed prior to review by the Pillar 2 Director. Appeals made via email or any other form of communication will not be accepted.

• The appeal form must be submitted within fourteen calendar days of the notice of the grade that the student is appealing. Exact dates will be provided to students before the appeals process begins.

• The Pillar 2 Director will ensure all information required on the appeal form has been completed, and he/she will forward the appeal to the appropriate individual for a decision:
  o Clerkship Director if the student is appealing a clerkship/discipline-specific grade.
  o Campus Dean if the student is appealing a clinical competency grade.
  o The appropriate Course Director for Ethics, Radiology, Friday Academy or Cultural Immersion.

• Clerkship Directors and Campus Deans will review and discuss all grade appeals and make a decision regarding the requested change.

• After grade appeal decisions have been made, the student will be notified in writing of a decision regarding their appeal and appropriate grade change documentation will be completed by the Office of Medical Education.

Appeals resulting from a specific graded component (OSCE, palliative care, HQIP)

If a student appeal of a competency grade is deemed by the campus dean to involve the component of the grade derived from the OSCE, Palliative Care, or HQIP, the following procedures should be followed.

1. The campus dean should contact individual charged with that graded component via email with the specific concern.

2. The appropriate individual would then investigate the concern by reviewing the applicable materials from which the grade or comment was derived. This step may include others involved in the grade assignment or comments.

3. This individual would report back to the campus dean with the findings regarding the merits of the appeal.

4. The campus dean would then be invited to also review the materials.

5. Based on the findings, the campus dean alone, would make the final decision on adjusting the grade or comments.

OSCE – OSCE Director
Palliative Care – Palliative Care Instructor
HQIP – Pillar 2 Director

See also Medical School Grievance Procedures in the Medical Student Affairs handbook.

STUDENT ISSUES AND CONCERNS

If a clinical faculty member is concerned about a student’s unsatisfactory performance, either academically or professionally, it is recommended the faculty member contact the faculty coordinating committee member in the corresponding discipline or the campus dean. See preceding pages for contact information.
ONE45 LOGIN/TASK INFORMATION

One45 Login
You may occasionally need to log in to one45 at times when you don’t have an email link to follow. Please use the steps below to access your one45 account.

2. Enter your user name and password. This is the same user name that is in each email sent to you letting you know you have a task to complete.

3. If you forget your user name or password please click on “Need help logging in?” This will take you to a new screen to enter your email address and reset your password. Please use the same email address that is sent in each of your emails alerting you of tasks to complete. For more information on resetting your password there is a complete tutorial - https://one45software.na2.teamsupport.com/knowledgeBase/5375959
4. Once logged in you will see your to-do list and may complete any tasks assigned to you.

5. If you want to view evaluations you have completed please visit “evaluations” on the left hand side of the screen. All incomplete evaluations will be in “Your To Dos” in the center of the screen.

6. When you are finished, click “Logout”.

How Do I Complete a Task in the One45 System?
When an individual receives an item to complete in the one45 system, they will receive email notification (unless the sender has decided not to send out email notification).
1. The individual can follow the auto login link in the email message or enter their username and password through the log in page. First time users will have a link displayed in the email message.

2. First time users will be asked to change their password when they first log on. It is important to write this password down. If this password is forgotten, it must be reset by clicking on forgot my password on the login page.
3. After logging on, users are sent to their To Do box. To complete the item, users click on the link.

4. Once the user has completed the evaluation, they can choose to submit or save the form in their To Dos.

5. When a user has completed their “To Do” items, they will log out of the system.
# ASSESSMENT OF CASE PRESENTATION & WRITE-UP OF H&P FORM

**Satisfactory**  
**Unsatisfactory (Please Redo)**

**Sanford School of Medicine Pillar 2**  
**Assessment of Case Presentation and Write-Up**

<table>
<thead>
<tr>
<th>Student's Name</th>
<th>Date H&amp;P Obtained</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient's Initials</td>
<td>Date of Student Presentation</td>
<td></td>
</tr>
<tr>
<td>Evaluator</td>
<td>Evaluator Signature</td>
<td></td>
</tr>
<tr>
<td>Discipline</td>
<td></td>
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</tr>
</tbody>
</table>

## CASE PRESENTATION AND WRITE-UP

The instructor should complete this form at the time of the case presentation.  
The student is responsible for returning this form to the Campus Education Coordinator.

<table>
<thead>
<tr>
<th>I. History – Required Elements</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. An introductory statement was present which described the patient as a person</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>B. The chief complaint was concise and in the patient’s or parent’s own words</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>C. The history of the present illness was presented in an organized and orderly manner (i.e., chronological sequence of events)</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>D. Each symptom was explored (e.g., character, location, radiation, mollifying and exacerbating circumstances)</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>E. Appropriate medical professional terminology was used</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>F. Pertinent past history was presented – social history and family history **</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>G. Only pertinent aspects of ROS included</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. Physical Examination – Required Elements</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. A general description of the patient was made</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>B. Vital signs were stated **</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>C. All pertinent positives and only pertinent negatives of the exam were included</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>D. An assessment of the patient’s psychological status was made</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III. Problem List – Required Elements</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. The problem list is complete</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>B. Common conditions are considered first (versus tends to think of rare conditions first)</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>C. An adequate differential diagnosis is given for each problem</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>D. An adequate diagnostic plan is given for each problem</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>E. An adequate therapeutic plan is given for each problem</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>F. An educational plan is provided where appropriate/provides clear logical instructions</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IV. Oral Audit – Required Elements</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Oral audit / discussion of the patient with the physician within 48 hours</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>B. A fully written workup to the physician in 1 week</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

**Pediatric H&Ps should include a complete developmental history and a growth chart to be submitted with the write-up. Growth charts may be printed from the EMR or completed with forms located in One45.**

**Evaluator Comments:**

Date Received by Education Coordinator ____________________  
Comments regarding timing (extraneous conditions):  

Rev. January 2020
OBSERVED HISTORY AND PHYSICAL EXAMINATION IN A PATIENT ENCOUNTER FORM

**Longitudinal Integrated Clerkship**
Observed Patient Encounter**

<table>
<thead>
<tr>
<th>Student:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty:</td>
<td>Discipline:</td>
</tr>
</tbody>
</table>

**Patient Information:**  
Age:  
Gender:  
Complexity (Please Circle):  
Low  
Moderate  
High

**PLEASE RATE THE STUDENT ON THE FOLLOWING AREAS:**

<table>
<thead>
<tr>
<th>Pertinent History</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Above Expectations</th>
<th>Well Above Expectations</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Introduced h/m/herself</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History Taking</td>
<td></td>
<td></td>
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<tr>
<td>Student used open ended questions in regard to the purpose of the visit</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Communication/Counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humanistic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qualities/Professionalism</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Pertinent Physical/Mental Examination**

<table>
<thead>
<tr>
<th>Pertinent Physical/Mental Examination</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Above Expectations</th>
<th>Well Above Expectations</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student washed his/her hands before the start of the exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical/Mental Exam Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Diagnostic Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Clinical Judgment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization/Efficiency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Overall Clinical Competence**

<table>
<thead>
<tr>
<th>Overall Clinical Competence</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Above Expectations</th>
<th>Well Above Expectations</th>
<th>Not Observed</th>
</tr>
</thead>
</table>

I was observed performing the relevant portions of the patient history.
I was observed performing the relevant portions of the physical examination/mental status examination.
Enhanced Progress Note attached.

Comments/Action Plan:

Observer Signature:  
Student Signature:  

**Based on the Mini-CEX—ABIM**
STUDENT ASSESSMENT OF FACULTY FORM

Student Evaluation of Clinical Faculty

The data you provide in the following survey is anonymous (your name will not be attached to the data you provide). However, because many of the clinical faculty teach only a few students each year, faculty may be able to identify the information source. For this reason, please choose when you would like this evaluation to be added to the composite data for this faculty member.

- After grades have been submitted for this clerkship
- After the end of this academic year
- After your graduation

How much contact have you had with this faculty member?

- ≤1 week
- >1 and ≤3 weeks
- >3 weeks

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Unable to Evaluate</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Usually</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrated interest in your learning.</td>
<td></td>
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</tr>
<tr>
<td>2. Communicated expectations for the learning experience.</td>
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<tr>
<td>3. Gave you appropriate level of patient care responsibilities.</td>
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<tr>
<td>4. Provided appropriate level of supervision.</td>
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<tr>
<td>5. Observed your interactions with patients.</td>
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<tr>
<td>6. Gave timely and constructive feedback.</td>
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<tr>
<td>7. Engaged you in problem solving.</td>
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<tr>
<td>8. Demonstrated the use of medical literature in clinical decision making.</td>
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<tr>
<td>9. Demonstrated enthusiasm for their discipline.</td>
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</tr>
<tr>
<td>10. Demonstrated professional behavior with patients, staff, and you.</td>
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</tr>
</tbody>
</table>

Comments:
MAJOR DIAGNOSES AND CLINICAL TOPICS

PROFESSIONALISM

- Managing the difficult patient (drug dependency, chronic pain, frustration due to lack of diagnosis, personality disorder, etc.)
- Dealing with end of life issues
- The physician-nurse relationship
- Delivering bad news to the patient
- Reaction to the patient who is refusing students/residents
- Pregnancy loss and how to deliver bad news, hope for the future

DIVERSITY

- Use of interpreters
- HIPAA awareness among patients from different cultures
- Role of alternative medicine among patients from different cultures
- Impact of religious beliefs on patient health care. (Jehovah Witness and blood transfusion, Muslim fasting in Ramadan and medications, diet restrictions, gender issues, etc.)
- Patient's involvement in decision-making (role of minister in medical decision for a Hutterite patient, etc.)
- Muslim women and refusal of male providers
- African women and genital mutilation
- Bio-identical hormones and other herbs for menopause

QUALITY

- Medical errors (resuming inappropriate medication, ordering wrong test, forgetting to order tests, inaccurate medication reconciliation, etc.)
- Transfer from nursing issues and other aspects of transitions of care (accuracy of medication list, reliability of transfer report, presence of care provider, etc.)
- Clarity of instructions to the patient (treatment plan, test preparation, prescription use, etc.)
- Medical records documentation impact on patient's health care (timeliness, clarity, availability, etc.)
- Consult request (indications, communication, etc.)
- Safety measures for hospitalized patients (sitter for delirium, bedrails for seizures, etc.)
- “Time Out” for all surgical procedures

FAMILY MEDICINE

- Hypertension
- Diabetes mellitus
- Hyperlipidemia
- Mood disorders
- Counseling (diet, smoking, etc.)
- Preventive care (cancer screening and prevention, immunizations, etc.)
- Headache
- Anemia
- Obesity
- Pneumonia
- Asthma
- Health disparities and care of the indigent
- Issues and structures of health care access
• Ethical issues for rural doctors
• Continuity of care vs. urgent care centers

INTERNAL MEDICINE
• Atherosclerotic heart disease
• COPD/pneumonia
• Hypertension
• Acute/chronic renal failure
• Arthralgia and arthritis
• Hepatic cirrhosis
• Anemia
• Diabetes
• Hyper/hypothyroidism
• Common cancers (lung, breast, colorectal, prostate, leukemia/lymphoma)
• Hyperlipidemia
• Abdominal pain
• Public health
• Medical futility for hospitalized adults
• Chronic illness and aging
• Physician to physician communication and the hospitalist

NEUROLOGY
• Acute neurologic problem (stroke, infection, metabolic, inflammatory CNS lesion)
• Neurodegenerative disorder (dementia, Parkinson disease)
• Neuromuscular disease (neuropathy, radiculopathy, myopathy, motor neuron disease)
• Paroxysmal disorder (seizure, headache, vertigo)
• Headache
• Chronic pain
• Brain death and organ donation
• Persistent vegetative state
• Ethical issues related to dementia

OBSTETRICS/GYNECOLOGY
• Pregnant Woman - prenatal care, labor, delivery, postpartum
• Pelvic pain
• Abnormal uterine bleeding
• Contraception
• Menopause
• Sexually transmitted infections
• Infertility
• Pelvic organ prolapse
• Urinary incontinence
• Gynecologic malignancies
• Breast disease (benign and malignant)
• Genetics
• Maternal fetal conflict
• Prenatal genetic testing
• Reproductive ethics and new reproductive technologies
• Obstetrics, midwifery, and medicalization of pregnancy and birth

PEDIATRICS
• Constipation
• Heart murmur
• Failure to thrive
• Asthma
• Upper and lower respiratory tract infection
• Gastroenteritis and constipation
• Heart murmur
• Diabetes mellitus
• Obesity
• Sepsis evaluation and fever
• Hyperbilirubinemia
• Parental authority and preferences
• Ethical decisions for minors/ Legal consent of minors
• Futility in the NICU
• Child abuse
• Immunization – parent refusal

PSYCHIATRY
• Mood Disorders (major depression, bipolar, et al.)
• Anxiety Disorders (generalized anxiety disorder, panic, et al.)
• Personality Disorder
• Trauma related disorders
• Thought Disorders (psychosis, schizophrenia, et al.)
• Abnormal cognition and/or information processing (delirium, dementia, et al.)
• Addiction/Substance Abuse
• Psychiatric Emergencies

SURGERY
• Appendix/appendicitis
• Gallbladder/biliary- cholecystitis, cholangitis, biliary colic
• Stomach- peptic ulcer disease, gastritis, H. pylori
• Diverticular disease- diverticulosis, diverticulitis, operative indications
• Pancreas/pancreatits- etiologies, therapies, interventions
• GI bleeding - UGI vs. LGI - work up, therapies
• Hernias- inguinal, ventral, internal; diagnosis, therapies
• Esophagus - reflux, strictures, cancer
• UGI cancers: esophageal, gastric, biliary, pancreas, hepatic, small bowel
• LGI cancers: colorectal, appendiceal, anal
• Small bowel obstruction vs. ileus- etiologies, therapies
• Liver/Spleen - cirrhosis, tumors, cysts, ITP, etiologies and therapies
• Ano-rectal disease - fistula, abscess, fissure
• Breast- benign and malignant disease
• Skin and Soft Tissue - infection, burns, cellulitis, hidradenitis, cancer
• Endocrine - thyroid, parathyroid, pancreas, adrenal
• Head and Neck - cysts, lymph nodes, parotid, salivary glands, oral cancer
• Pediatric Surgery - pyloric stenosis, reflux, intussusception, trauma
• Trauma - ABCDE
• Urological surgery - kidney, ureter, bladder, testicle, penis
• Gynecologic surgery - uterus, tubes, ovary, infection, torsion
• Neurosurgery/spine - trauma, TBI
• Thoracic/cardiac surgery - tumors, mediastinal abnormalities
• Plastic surgery
• Informed consent
• limits of patient preferences
• Dealing with operative complications