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></td>
<td><a href="mailto:Garrypsychiatry@yahoo.com">Garrypsychiatry@yahoo.com</a></td>
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<tr>
<td>David Fromm, MD – Surgery</td>
<td></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: 2021-2022

Sanford School of Medicine Calendar
Pillar 2: 2021-2022
Class of 2023

<table>
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<tr>
<th>Monday of the Month</th>
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<th>Yankton (18)</th>
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**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?

1. An LIC is a curricular structure in which
   a. Medical students participate in the comprehensive care of patients over time.
   b. Medical students have continuing learning relationships with these patient’s clinicians.
   c. Medical students meet, through these experiences, the majority of the year’s core clinical competencies across multiple disciplines simultaneously.

2. The LIC forms the bulk of the Pillar 2 clinical experience and provides the foundation students’ clinical skills.

3. 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 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 ADVISOR
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, whether 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 1:18 – Human Rights Complaint Procedures:  
Section 1:19 – Equal Opportunity, Non-Discrimination, Affirmative Action:  
Section 1-23 – Employee-Employee and Faculty-Student Consensual Relationships:  

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
- Submission to the idea boxes located in the Pillar-specific D2L courses
- Via one45 using the Concern Form

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

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

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

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

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

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

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

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

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

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

**Disposal**
Patient information that is written or printed should be shredded immediately after use.
Electronic patient information should not be stored by the student and should be deleted as soon as no longer needed.

**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
  - Stethoscope to skin when capable
  - 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.

### PILLAR 2 REQUIREMENTS

<table>
<thead>
<tr>
<th>#</th>
<th>History &amp; Physical – New Patients</th>
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<tbody>
<tr>
<td>8</td>
<td>H&amp;P – Family Medicine (4 in Mini-Block/Preceptorship)</td>
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<tr>
<td>4</td>
<td>H&amp;P – Internal Medicine</td>
</tr>
<tr>
<td>4</td>
<td>H&amp;P – Neurology</td>
</tr>
<tr>
<td>4</td>
<td>H&amp;P – OB/GYN</td>
</tr>
<tr>
<td>4</td>
<td>H&amp;P – Pediatrics (including growth charts-can be in FM)</td>
</tr>
<tr>
<td>4</td>
<td>H&amp;P – Psychiatry (using Psychiatry forms)*</td>
</tr>
<tr>
<td>4</td>
<td>H&amp;P – Surgery</td>
</tr>
<tr>
<td><strong>32</strong></td>
<td><strong>Total History &amp; Physicals</strong></td>
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<table>
<thead>
<tr>
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<th>Progress Notes (SOAP/APS0 Notes) – Established Patients</th>
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<tr>
<td>4</td>
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<td>PN – OB/GYN</td>
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<td>PN – Pediatrics</td>
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<td>PN – Surgery</td>
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<td><strong>28</strong></td>
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<thead>
<tr>
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<th>Observed Encounters</th>
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19
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<thead>
<tr>
<th>#</th>
<th>Activity</th>
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<tr>
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<td>OE – Neurology</td>
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<td>OE – OB/GYN</td>
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<td>2</td>
<td>OE – Pediatrics</td>
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<td>2</td>
<td>OE – Psychiatry</td>
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<td>2</td>
<td>OE – Surgery</td>
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<thead>
<tr>
<th>#</th>
<th>ONLINE CASES</th>
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<tbody>
<tr>
<td>14</td>
<td>Aquifer Online Cases – Family Medicine</td>
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<tr>
<td>13</td>
<td>Case X Online Cases – Internal Medicine</td>
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<tr>
<td>6</td>
<td>Case X Online Cases – Pediatrics</td>
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<tr>
<td>1</td>
<td>Case X Online Cases – Psychiatry</td>
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<tr>
<td>12</td>
<td>Case X Online Cases – Surgery</td>
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<tr>
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<th>PEDIATRICS ONLINE LEARNING</th>
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<tbody>
<tr>
<td>25</td>
<td>All 25 Pediatric Didactic Videos (Online Med Ed)</td>
</tr>
<tr>
<td>4</td>
<td>PIDS Vaccine Education Program Modules</td>
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<tr>
<th>#</th>
<th>OTHER ACTIVITIES</th>
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<tr>
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<td>Student Patient Experience Log (SPEL)</td>
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<tr>
<td>2</td>
<td>OSCE (Practice &amp; High-Stakes)</td>
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<tr>
<td>2</td>
<td>BLS &amp; ACLS Training</td>
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<td>Triple Jump Exercises</td>
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<td>Journal Club as assigned by the campus</td>
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<tr>
<td>2</td>
<td>Small Group as assigned by the campus</td>
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<td>HQIP Assignment(s)</td>
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<td>Palliative Care Seminar</td>
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<table>
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<tr>
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<th>1-CREDIT COURSES</th>
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<td>Friday Academy</td>
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<td>1</td>
<td>Clinical Ethics</td>
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<td>1</td>
<td>Radiology</td>
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<td>Cultural Immersion (Journal &amp; Poster)</td>
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<thead>
<tr>
<th>#</th>
<th>GRAND ROUNDS</th>
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</thead>
<tbody>
<tr>
<td>5</td>
<td>Grand Rounds/Conferences of Student Choice</td>
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</tbody>
</table>
ONLINE CASES

- **46 online cases are required during Pillar 2** from the Aquifer and Case X online case repository. Specific Family Medicine Aquifer case names and numbers are listed below.

- **23 cases must be completed by 5:00 pm the Thursday prior to mid-year test week. All 46 cases must be completed by 5:00 pm the Thursday prior to final test week.** Failure to do so is a professionalism issue and may result in an adjustment in the professionalism grade.

- Aquifer cases: Students will receive an email from Aquifer stating that you have been added into a custom course. Go to [www.aquifer.org](http://www.aquifer.org) and select “Sign In”. Use your USD emails and password you set up when registering. The custom course, Sanford School of Medicine – Pillar 2 Online Cases – Class of 2023, should be listed. This contains the Family Medicine cases. This link can also be found on D2L in the Pillar 2 course.
  - For any issues with logins, please refer to this link: [https://www.aquifer.org/support/students](https://www.aquifer.org/support/students). This link can also be found on D2L in the Pillar 2 course.
  - As part of self-directed learning, students can choose to reset the Aquifer cases and work through them again to enhance learning. If you reset a case:
    - Confirm with your Campus Education Coordinator that they have recorded your case completion. If you do not confirm with them and the case has not been recorded, you will have to complete it again to fulfill the requirement.
    - All progress in the case will be cleared and reset, including student notes. Previous data will not be available, so consider downloading your note if you need it.
    - Case resets will show on Student and Faculty Reports.
  - **Family Medicine** – 14 Aquifer Cases (Due during mini-block)
    - Case 1: 45 year old female annual exam
    - Case 2: 55 year old male annual exam
    - Case 5: 30 year old female with palpitations
    - Case 6: 57 year old female presents for diabetes visit
    - Case 8: 54 year old male with elevated blood pressure
    - Case 10: 45 year old male with low back pain
    - Case 11: 74 year old female with knee pain
    - Case 18: 24 year old female with headaches
    - Case 19: 39 year old male with epigastric pain
    - Case 20: 28 year old female with abdominal pain
    - Case 25: 38 year old male with shoulder pain
    - Case 26: 55 year old male with fatigue
    - Case 29: 72 year old male with dementia
    - Aquifer Oral Presentation Skills (Skills 1-4)

- Case X cases: Use the following URL: [https://home.onlinemeded.org/](https://home.onlinemeded.org/) and click on “Log In” in the upper right corner. Log in with your USD email. This link can also be found on D2L in the Pillar 2 course.
  - **Internal Medicine** – 13 Case X Cases (found under Medicine)
    - Cardiology 3
    - Endocrinology 3
    - Endocrinology 4
    - Gastroenterology 3
- Gastroenterology 9
- Hematology-Oncology 2
- Infectious Disease 1
- Infectious Disease 5
- Nephrology 2
- Pulmonology 3
- Pulmonology 5
- Pulmonology 6
- Rheumatology 1
- **Pediatrics** – All 6 Pediatric Case X Cases
  - Optional 4 Peds Psych Case X Cases (found under NeuroPsych or Pediatrics)
- **Psychiatry** – 1 of the 4 Psychiatry Case X Cases (found under NeuroPsych)
- **Surgery** – All 12 Surgery Case X Cases

**PEDIATRICS ONLINE LEARNING**

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

- All 25 Pediatrics online learning didactic videos and 4 vaccine modules due by 5:00 pm the Thursday prior to mid-year test week.

**STUDENT PATIENT EXPERIENCE LOG (SPEL)**

- SPEL provides an ongoing record of a student’s clinical experiences in medical school, which is necessary for the following:
  - Student self-assessment of the breadth and depth of their clinical experiences, as well as validation of experiences to prepare students for residency applications and matriculation.
  - Campus coordinating committee’s monitoring of individual student progress through the Pillar 2 curriculum.
  - SSOM’s monitoring of clinical curricular experiences to ensure sufficient breadth and depth of content covered.
  - Fulfillment of Liaison Committee on Medical Education (LCME) requirements for medical school accreditation.
SPEL begins a habit of logging clinical experiences that will be required through post-graduate training (residencies and fellowships) and potentially future practice.

What is a SPEL experience?
- Any meaningful interaction with a patient in which the student directly participates in patient care.
- As long as each encounter is “meaningful” and occurs on a new day, log a new entry in SPEL. For example, if a student rounds for three days on a patient admitted for an acute myocardial infarction and write a note for each day, this is counted as three separate SPEL entries. Likewise, if a student sees a diabetic patient in clinic every three months for a total of three times, and they participate in each encounter, this is counted as three separate SPEL entries. Patient encounters like this may occur with hospital, clinic, or continuity patients.
  - Document patients in SPEL for any of the following examples:
    - Performed an H&P and completed an assessment with a faculty physician
    - Participated in a medical procedure or surgery
    - Participated in obtaining a significant focused part of the history and/or:
      - Discussed the differential diagnosis or diagnostic plan
      - Contributed to the discussion of a management plan
      - Counseled a patient regarding the management plan
    - Participated in performing a focused part of the physical exam and/or:
      - Discussed the differential diagnosis or diagnostic plan
      - Contributed to the discussion of a management plan
      - Counseled a patient regarding the management plan
    - Performed post-operative/post-partum visit
  - Do NOT document in SPEL for the following examples:
    - Heard about another student’s patient on rounds
    - Discussed a patient in Small Group
    - Listened to a patient present their story to a large classroom
    - Followed the assigned attending in a clinic or hospital but did not actively examine or participate in that patient’s diagnostic or therapeutic plan

How do students log SPEL?
- SPEL is entered through a log in one45, which will be introduced during orientation.
- Students should enter SPEL data promptly after seeing a patient. One45 can be accessed remotely from any computer or mobile device. Alternatively, students can make entries on a paper note card during the day and do their computer entry at the end of the day.
- It is essential that students make this a habit to document daily their experiences so that they can carry these habits into residency training and beyond as a future physician.
- Within SPEL, there is both an encounter (diagnosis) log and a procedure log.
  - Some patients will be entered into SPEL simply as a diagnosis, e.g. a child with strep pharyngitis.
  - Other patients may qualify as both a diagnostic encounter and as a procedure, e.g. a patient with colon cancer who undergoes a colon resection.
- To protect confidentiality, the patient’s name, birthdate or record number should not be entered into the log. Instead, enter the date of the encounter, supervising physician, age range, gender, whether the patient has been seen previously, the setting (clinic, hospital, ER), whether this is a panel patient, the patient’s diagnosis(es) or presenting
complaint, the level of participation (observed or participated). Students may also enter a brief note about the encounter and identify ethical issues, if applicable.

- Please refer to the document on D2L in the SPEL module named **Pillar 2 SPEL Requirements Items List**, which lists the items you can log that will count toward the competencies.

<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>
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</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>
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</tr>
<tr>
<td>3</td>
<td>Child Health – Upper Respiratory</td>
<td>Inpatient/Outpatient</td>
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<tr>
<td>5</td>
<td>Medical Conditions - Cancers</td>
<td>Inpatient/Outpatient</td>
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<tr>
<td>10</td>
<td>Medical Conditions - Cardiovascular</td>
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<tr>
<td>15</td>
<td>Medical Conditions - Dermatology</td>
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<tr>
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<td>Medical Conditions – Ears/Nose/Throat</td>
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<tr>
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<td>Medical Conditions - Endocrinology</td>
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<tr>
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<tr>
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<td>Medical Conditions – Health Maintenance</td>
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<td>Medical Conditions - Orthopedics</td>
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<td>Medical Conditions – Psycho-social issues</td>
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<td>Medical Conditions - Urology</td>
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<td>Mental Health – Anxiety Disorders</td>
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<td>Mental Health – Attention Deficit Hyperactivity Disorder</td>
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<td>Mental Health – Cognitive Disorders/Dementia</td>
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<td>Mental Health – Eating Disorders</td>
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<td>Mental Health – Mood Disorders</td>
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<td>Mental Health – Pervasive Developmental Disorders</td>
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<td>Mental Health – Sleep Disorders</td>
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<td>Mental Health – Substance Dependence</td>
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<td>Mental Health – Thought Disorders</td>
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<td>Neurology – Predominantly Chronic Neurologic Disorders</td>
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<tr>
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<td>Neurology – Predominantly Transient/Paroxysmal Neurologic Dis.</td>
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<td>Neurology – Predominantly Urgent/Emergent Neurologic Dis. Disorders</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
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</table>
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.

**SIOUX FALLS - OB & SURGERY SHIFTS**

- Sioux Falls OB Shifts:
  - On-call shifts for OB will be a 12-hour shift from 7:00 to 7:00 (AM or PM shifts) in a laborist model, meaning students will be present on the Labor and Delivery unit for the
full shift. Students will complete a total of six shifts, with 3 shifts completed before the week of mid-year NBME exam week. Night shifts are not required, but highly recommended when student schedule allows. The student is expected to be “in house” for the entire shift, ideally at the L&D nurses station or with patients. If learning opportunities are limited in the L&D (e.g. very few patients with slow progress), the student may seek learning opportunities in postpartum and newborn nursery, while still being available for L&D as patients and situations change. The student will assist with all deliveries during the 12-hour shift, unless per patient request. This cannot be substituted for students’ scheduled LIC clinic time or OR time spent with their attending.

- The OB Department Assistant maintains a current calendar of the attendings’ call shifts and students should refer to this (on D2L), when requesting their on-call shifts from the Sioux Falls campus education assistant. Students should plan two of the three shifts in each half of the year to occur when the student’s assigned OB attending is scheduled for call. If the student’s attending physician changes their call schedule, students will remain on the original on-call shift and follow the new attending. The student’s requested OB on-call shift schedule for the 1st half of the year must be submitted to the SF Education Coordinator/Assistant by the Monday of week 5 of Pillar 2, and by the Monday of Cultural Immersion week (week 29) for the 2nd half of the year.

- Staff will review student requests to avoid situations where more than one student is planning to participate in the same OB on-call shift. The OB on-call shift schedule will be finalized by OB Department Assistant & SF Campus Education Coordinator/Assistant. Students will be notified of any changes to their requested shifts. Once it is posted on D2L, no changes will be made to the OB on-call shift schedule. The final/posted calendar will be used to verify student attendance for OB shifts.

- Sioux Falls Surgery Shifts

  - Students will complete seven surgery NIGHT SHIFTS over the year with the on-call surgical services, including at least one, 24-hour weekend shift, which will include a patient’s post-op, follow up assessment and progress note. (See Duty Hours for further work hours explanation.) This longer shift will count towards two of the seven required on-call shifts for the year. The date and time should be determined by the student (Rapid City) or will be scheduled by the student’s respective LIC Education Assistant (Sioux Falls). Students must complete four of the required shifts before the first NBME exam week. Students may request one surgical shift change for each half of the Pillar 2 year. Some key aspects of the surgical night shift include the following:
    - All night shifts will be “in-house” for consistency of student experiences
    - Night shifts will be a minimum of 12 hours with up to 4 hours of additional work to allow for rounding on post-op patients
    - If the attending surgeon or surgical resident with whom the student is working is in-house, the student will report to them at the beginning of the surgical shift.
    - If the attending surgeon or surgical resident is not in-house during the student’s surgical shift, the student will do the following:
      - Inform the OR and floor nursing staff that they are doing the surgery shift and seeking as many surgery-related experiences as possible:
        - Operative procedures
o Care of patients pre- and post-operatively. This may include, but is not limited to nasogastric / orogastric tube placement, peripheral IV placement, dressing changes, etc.

- Provide contact information to appropriate nursing staff for use during the shift
- Provide the start and end times of their shift to nursing staff
- Report to the surgical floor and work with nursing staff during the night shift to perform procedures and wound management if not needed in the OR or are not actively working with another patient

- The student is expected to be present, staying with the surgeon, team, or patients during that time. It is important students take an active role in this experience and take initiative to enrich their surgical learning. To the extent possible, students should make rounds with the surgeon and team on subsequent days to learn important aspects of post-operative care.

**RAPID CITY – OB, SURGERY & PSYCHIATRY CALL/NIGHT SHIFTS**

- **Rapid City OB Shifts:**
  - There are six (6) 12-hour OB shifts that must be completed in Pillar 2, one (1) of which must be a night shift. These shifts are done in house and must be on the L&D floor. To sign up for these shifts at the L&D desk. If you need to cancel or change your shift you must go to the L&D desk and remove your name from the schedule. If you need to cancel on the day of you need to complete the previous as well as call the CRN on call and let them know.
    - Call form must be signed by an OB or the Charge nurse and turned into Teams

- **Rapid City Surgery Shifts:**
  - Surgical call will consist of several different types of shifts for a total of seven (7). All call shifts must be scheduled with the Education Coordinator and attending if appropriate. If you must cancel or switch shifts, the Education Coordinator, assistant and the attending must be contacted. All call shifts must be completed as an in-house call shift. The call form must be completed, signed by the attending and turned into the education coordinator to count.
    - 24-Hour Shift – Two (2) 24-hour shifts, which span from 7 am to 7 am followed by rounds, will be scheduled for you, one each semester. These shifts count as two (2) each out of the total of seven (7). You are with which ever attending is on call.
    - 12-Hour Shift – Three (3) 12-hour shifts will be completed either day or night as a 7-7 shift. These shifts are to be completed with your attending and cannot be completed during a normally scheduled LIC surgical day.
      - Call form must be signed by Surgery and turned into Teams

- **Rapid City Psych Shifts:**
  - There are five (5) psych call shifts required during pillar 2. These should be scheduled with the Education Coordinator and must be on a Saturday or Sunday. You can schedule with your attending when they are on during the weekend or work with the one on call.
    - Call form must be signed and uploaded to Teams.
FARM CALL
• FARM students will complete an average of one weeknight call every other week and one weekend 24-hour call per 4-week cycle. FARM call can be “home” call where the student is at home but can be called in to the hospital while at home.
• Call includes the surgery and OB cases that present to the Emergency room or cases as directed by the “On-Call” physician.

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

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
  - Gives an oral presentation
  - Submits a written outline
  - Incorporates it into a patient write-up or assessment

SMALL GROUP

- Designed much like patient-based learning sessions in Pillar 1, Pillar 2 small groups focus on the process of developing, researching, and reporting on learning issues with the goal of improving knowledge retention.
- Student small group sessions are scheduled regularly on each campus, but the specific schedule varies by campus, and students will be notified by their campus education coordinator or designated staff.
- The groups are typically comprised of 5-6 students and one faculty facilitator.
• Faculty facilitators may include basic science or clinical faculty. They are often working outside of their specific area of expertise and serving only as a guide for the dynamic and process of the group. Faculty may briefly step out of the facilitator role to offer comment or advice, but this should be infrequent.

• Session Structure
  o 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.
  o Study / Research Time
    ▪ Students will research learning issues and prepare to present findings
  o Learning Issues
    ▪ Group sharing and discussion of each of the learning issues.
    ▪ Generation of any subsequent learning issues which may appear during the above discussion.
    ▪ Discussion of the resources used for the issues - what was helpful, what was not helpful, etc.
• Each session will end with a brief discussion of the group dynamics – what went well and what could be improved. The facilitator will review interactions and will complete an assessment of every member of his or her small group.

Please reference the grading rubrics on D2L in the Pillar 2 course for additional information.

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 website “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](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). In addition, the OME must follow South Dakota Board of Regents policies (see 3:5) 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 2023:

**Main Cohort**

**First (Spring) Semester**

April 28, 2021    Self-assessments released (due at face-to-face meeting)
May 2021  Mid-semester face-to-face meetings (using self-assessments)

June 18, 2021  CCSE #1

June 22, 2021  CCSE score reports released to students on D2L

July 12, 2021  Assessments and evaluations sent (faculty & adviser of student, student of faculty & Pillar 2)

July 2021  End-of-semester face-to-face meetings (review of CCSE & attending assessments)

July 23, 2021  Attending assessment of student performance due

August 5, 2021  Spring requirements due

August 6, 2021  Adviser assessments due / end of spring semester

September 3, 2021  Spring semester grades released to students at 12:00 pm CST on D2L

September 19, 2021  Appeals due

**Second (Fall) Semester**

August 9 – 13, 2021  NBME week #1

August 17, 2021  NBME scores released at 5:00 pm CST on D2L

August 16 – 20, 2021  Cultural Immersion Week

September 29, 2021  Self-assessments released / due at face-to-face meeting

October 2021  Mid-semester face-to-face meetings (using self-assessments)

December 10, 2021  CCSE #2

December 14, 2021:  CCSE score reports released to students on D2L

January 3, 2022  Assessments and evaluations sent (faculty & adviser of student, student of faculty & Pillar 2)

January 2022 assessments  End-of-semester face-to-face meetings (review of CCSE & attending assessments)

January 14, 2022  Attending assessment of student performance due

January 20, 2022  Fall requirements due
January 28, 2022  Adviser narrative assessment of competencies due
January 24 – 28, 2022 NBME week #2
Jan 31 – Feb 4, 2021 High-stakes OSCE Week
February 2, 2022  NBME scores released at 12:00 pm CST on D2L
February 2, 2022 OSCE pass/fail results released at 3:00 pm CST on D2L
February 7 – 11, 2022 Assessment blackout week
February 28, 2022 All narrative assessment edits due
March 4, 2022  Final grades released to students at 12:00 pm CST on D2L
March 20, 2022 Appeals due

5-Week Alternative Schedule
First (Spring) Semester
May 27th, 2021  Self-assessments released (due at face-to-face meeting)
June, 2021 Mid-semester face-to-face meetings (using self-assessments)
July 23rd, 2021 CCSE #1
July 27, 2021 CCSE score reports released to students on D2L
August 16, 2021 Assessments and evaluations sent (faculty & adviser of student, student of faculty & Pillar 2)
August, 2021 End-of-semester face-to-face meetings (review of CCSE & attending assessments)
August 16 – 20, 2021 Cultural Immersion Week
August 30, 2021 Attending assessment of student performance due
September 9, 2021 Spring requirements due
September 10, 2021 Adviser assessments due / end of spring semester
October 8, 2021 Spring semester grades released to students at 12:00 pm CST on D2L
October 24, 2021 Appeals due
Second (Fall) Semester
September 13 – 17, 2021 NBME week #1

September 21, 2021  NBME scores released at 5:00 pm CST on D2L
October 28th, 2021  Self-assessments released / due at face-to-face meeting
November 2021  Mid-semester face-to-face meetings (using self-assessments)
January 14, 2022  CCSE #2
January 18, 2022:  CCSE score reports released to students on D2L
Jan 31 – Feb 4, 2021  High-stakes OSCE Week
February 2, 2022  OSCE pass/fail results released at 3:00 pm CST on D2L
February 7, 2022  Assessments and evaluations sent (faculty & adviser of student, student of faculty & Pillar 2)
February 2022  End-of-semester face-to-face meetings (review of CCSE & attending assessments)
February 18, 2022  Attending assessment of student performance due
February 24, 2022  Fall requirements due
Feb. 28-Mar. 4, 2022  NBME week #2
March 4, 2022  Adviser narrative assessment of competencies due
March 8, 2022  NBME scores released at 12:00 pm CST on D2L
April 4, 2022  All narrative assessment edits due
April 8, 2022  Final grades released to students at 12:00 pm CST on D2L
April 24, 2022  Appeals due

PILLAR 2 STUDENT ASSESSMENT, PROGRESS, AND POSSIBLE ACTIONS

- Throughout Pillar 2, the SSOM and Pillar 2 leadership strive to give students the tools they need to direct their own learning and plan for their future career. Feedback and formal assessment is one of the most important tools provided to students.
- Student progress is reviewed at least monthly throughout the year. Student feedback, recommendations, and remediation plans or deadlines, in most instances, are communicated to the student through their Pillar 2 advisor.
Monthly Feedback

• Each month, a summary of the student’s progress with feedback for improvement is documented in One45 by the Pillar 2 advisor (or their delegate) and viewable to the student in One45. Education coordinators also keep records of extracurricular or other achievements that the coordinating committee may use to assess performance in the competencies.

• The Pillar 2 advisor is responsible for providing additional verbal feedback to the student if necessary.

• Each month a student is required to review and sign their report via one45.

Mid-Semester Feedback

• It is critical that students receive face-to-face feedback at the mid-point of each semester, and students will be charged with leading a significant portion of this discussion through their self-assessment form via One45. Completion of required self-assessments will be reflected in the Practice-Based Learning and Improvement Competency grade.

• The specific meetings are:
  o April / May (Spring Semester) – Prior to the face-to-face meeting, the student will receive a self-assessment form in one45. This form must be completed by the student ahead of the face-to-face meeting their Pillar 2 advisor. Additionally, the student is required to bring the completed self-assessment to the meeting. The student and their Pillar 2 advisor will review the student’s self-assessment and discuss ongoing plans for knowledge and skill development at the meeting. Both the student and the Pillar 2 advisor will receive a one45 form to confirm that this meeting occurred.
  o October / September (Fall Semester) – Prior to the face-to-face meeting, the student will receive a self-assessment form in one45. This form must be completed by the student ahead of the face-to-face meeting their Pillar 2 advisor. Additionally, the student is required to bring the completed self-assessment to the meeting. The student and their Pillar 2 advisor will review the student’s self-assessment and the student’s final grade document from the spring semester, to determine ongoing plans for knowledge and skill development. Both the student and the Pillar 2 advisor will receive a one45 form to confirm that this meeting occurred.

End-of-Semester Feedback

• Similar to the mid-semester feedback meetings, it is critical that students receive end-of-semester performance feedback.

• The specific meetings are:
  o July (Spring Semester) – The student and their faculty advisor will review the student’s CCSE score, as well as the narrative attending assessments.
  o January (Fall Semester) – The student and their faculty advisor will review the student’s CCSE score, as well as the narrative attending assessments.

Pillar 2 Grades

• The following grading scale will be used for all coursework assigned a letter grade:
  o A = 90% – 100%
  o B = 80% - 89.999%
  o C = 75% - 79.999%
  o D = 60% - 74.999%
  o F = 59.999% and below
For coursework graded on a satisfactory/unsatisfactory scale, any composite score on an activity at 74.999% or below will be considered unsatisfactory. Scores at or above 75% will be considered satisfactory. However, unsatisfactory scores on assessments, even if the composite score is above 75%, may require follow up with your campus dean.

A uniform assessment scale is used to provide a grading scheme for attending assessments, presentations, and other projects throughout Pillar 2.

- 100% - Student met objective independently; Student is performing at the level of a graduating 4th year student (exceptional).
- 92% - Student was able to meet the objective independently with minimal prompting by attending/facilitator; performing at the level of a Pillar 3 sub-internship student (above expectations).
- 84% - Student needed assistance to meet objective; student is at the level of an average Pillar 2 student (satisfactory).
- 76% - Student required significant assistance to meet objective; additional practice is needed to meet the expectations (satisfactory).
- 68% - Student did not meet objective; student is performing well below the level of their peers and major concerns exist, significant remediation is required (unsatisfactory).

This scale represents the evolving expectation of continuous growth of medical students as they move throughout the SSOM Medical Program.

Beginning with the Class of 2023, Pillar 2 will be administered in two distinct semesters to align with USD policies and procedures. The course credit breakdown is listed below with the corresponding grade scheme.

<table>
<thead>
<tr>
<th>FIRST (SPRING) SEMESTER COURSES</th>
<th>CREDITS</th>
<th>GRADE</th>
<th>SECOND (FALL) SEMESTER COURSES</th>
<th>CREDITS</th>
<th>GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine Clerkship I</td>
<td>2</td>
<td>S/U</td>
<td>Family Medicine Clerkship II</td>
<td>2</td>
<td>A-F</td>
</tr>
<tr>
<td>Internal Medicine Clerkship I</td>
<td>2</td>
<td>S/U</td>
<td>Internal Medicine Clerkship II</td>
<td>2</td>
<td>A-F</td>
</tr>
<tr>
<td>Neurology Clerkship I</td>
<td>1</td>
<td>S/U</td>
<td>Neurology Clerkship II</td>
<td>1</td>
<td>A-F</td>
</tr>
<tr>
<td>Obstetrics/Gynecology Clerkship I</td>
<td>2</td>
<td>S/U</td>
<td>Obstetrics/Gynecology Clerkship II</td>
<td>2</td>
<td>A-F</td>
</tr>
<tr>
<td>Course</td>
<td>Credits</td>
<td>Grade</td>
<td>Course</td>
<td>Credits</td>
<td>Grade</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>---------</td>
<td>-------</td>
<td>---------------------------------------------</td>
<td>---------</td>
<td>-------</td>
</tr>
<tr>
<td>Pediatrics Clerkship I</td>
<td>2</td>
<td>S/U</td>
<td>Pediatrics Clerkship II</td>
<td>2</td>
<td>A-F</td>
</tr>
<tr>
<td>Psychiatry Clerkship I</td>
<td>1</td>
<td>S/U</td>
<td>Psychiatry Clerkship II</td>
<td>2</td>
<td>A-F</td>
</tr>
<tr>
<td>Surgery Clerkship I</td>
<td>2</td>
<td>S/U</td>
<td>Surgery Clerkship II</td>
<td>2</td>
<td>A-F</td>
</tr>
<tr>
<td>Patient Care I</td>
<td>2</td>
<td>S/U</td>
<td>Patient Care II</td>
<td>2</td>
<td>A-F</td>
</tr>
<tr>
<td>Medical Knowledge I</td>
<td>2</td>
<td>S/U</td>
<td>Medical Knowledge II</td>
<td>2</td>
<td>A-F</td>
</tr>
<tr>
<td>Practice-Based Learning &amp; Improvement I</td>
<td>2</td>
<td>S/U</td>
<td>Practice-Based Learning &amp; Improvement II</td>
<td>2</td>
<td>A-F</td>
</tr>
<tr>
<td>Interpersonal and Communication Skills I</td>
<td>2</td>
<td>S/U</td>
<td>Interpersonal &amp; Communication Skills II</td>
<td>2</td>
<td>A-F</td>
</tr>
<tr>
<td>Professionalism I</td>
<td>2</td>
<td>S/U</td>
<td>Professionalism II</td>
<td>2</td>
<td>A-F</td>
</tr>
<tr>
<td>Systems-based Practice I</td>
<td>2</td>
<td>S/U</td>
<td>Systems-based Practice II</td>
<td>2</td>
<td>A-F</td>
</tr>
<tr>
<td>Radiology</td>
<td>1</td>
<td>A-F</td>
<td>Friday Academy</td>
<td>1</td>
<td>A-F</td>
</tr>
<tr>
<td>Clinical Ethics</td>
<td>1</td>
<td>A-F</td>
<td>Cultural Immersion Experience</td>
<td>1</td>
<td>A-F</td>
</tr>
<tr>
<td><strong>Total Credits</strong></td>
<td><strong>26</strong></td>
<td></td>
<td><strong>Total Credits</strong></td>
<td><strong>27</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Grade Breakdown**

**First Semester Grades**

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

**Second Semester Grades**

- A percent/letter grade will be provided for each discipline and competency.
- Students will receive their grades in a final grade document, which includes all NBME subject exam scores and narrative feedback in each discipline and competency.
  - Narrative feedback in each discipline will come from both the mid-year and the end-of-year faculty assessment of student performance in that discipline.
  - Narrative feedback for each competency will come from the student’s Pillar 2 Advisor who will review other assessments and activities, as well as monthly feedback and summarize the student’s achievement in each competency.

41
• Students who receive a deficient (D) or failing (F) grade for any discipline or competency is referred to the SPCC. Subsequent remediation is determined by the SPCC.
• If a student wishes to appeal his or her assigned grade for any course within Pillar 2, he or she should consult the *Medical School Grievance Procedures* section of the Medical Student Affairs handbook.

The following table provides further detail about the components of each semester’s grades.

<table>
<thead>
<tr>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disciplines</td>
</tr>
<tr>
<td>• Completion of 1 observed encounter per discipline</td>
</tr>
<tr>
<td>• Completion of documentation requirements</td>
</tr>
<tr>
<td><strong>Patient Care (PC)</strong></td>
</tr>
<tr>
<td>• Completion of required SPEL (30% of each category)</td>
</tr>
<tr>
<td>• Completion of 12 SPEL entries with continuity patient encounters.</td>
</tr>
<tr>
<td><strong>Medical Knowledge (MK)</strong></td>
</tr>
<tr>
<td>• Completion of all online cases</td>
</tr>
<tr>
<td>• Passing score on CCSE (low threshold set)</td>
</tr>
<tr>
<td><strong>Practice-Based Learning and Improvement (PBLI)</strong></td>
</tr>
<tr>
<td>• Passing score in PBLI from attending assessments across all disciplines</td>
</tr>
<tr>
<td>• Completion of practice triple jump exercise</td>
</tr>
<tr>
<td>• Passing score on first graded triple jump exercise</td>
</tr>
<tr>
<td>• Completion of self-assessment and face-to-face advisors meeting</td>
</tr>
<tr>
<td><strong>Interpersonal and Communication Skills (IP&amp;C)</strong></td>
</tr>
<tr>
<td>• Passing score in IP&amp;C on attending assessments across all disciplines</td>
</tr>
<tr>
<td>• Passing score on small group assessments</td>
</tr>
<tr>
<td>• Passing score on journal club</td>
</tr>
<tr>
<td><strong>Professionalism (PROF)</strong></td>
</tr>
<tr>
<td>• Passing score in PROF from attending assessments across all disciplines</td>
</tr>
<tr>
<td>• Passing score from Coordinating Committee assessment of PROF</td>
</tr>
<tr>
<td><strong>Systems-Based Practice (SBP)</strong></td>
</tr>
<tr>
<td>• Completion of early HQIP Project requirements</td>
</tr>
<tr>
<td>• Passing score in SBP from attending assessments across all disciplines</td>
</tr>
<tr>
<td>Fall</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td><strong>Disciplines</strong></td>
</tr>
<tr>
<td>• 40% NBME subject exam for each discipline</td>
</tr>
<tr>
<td>• 20% MK portion of attending assessment of student performance medical knowledge (50% spring / 50% fall)</td>
</tr>
<tr>
<td>• 20% PC portion of attending assessment of student performance medical knowledge (50% spring / 50% fall)</td>
</tr>
<tr>
<td>• 20% documentation requirements</td>
</tr>
<tr>
<td><strong>Patient Care (PC)</strong></td>
</tr>
<tr>
<td>• 30% SPEL (Remainder of required)</td>
</tr>
<tr>
<td>• 10% Observed Encounters.</td>
</tr>
<tr>
<td>• 50% OSCE</td>
</tr>
<tr>
<td>• 10% Palliative care</td>
</tr>
<tr>
<td><strong>Medical Knowledge (MK)</strong></td>
</tr>
<tr>
<td>• 80% 2nd CCSE (threshold set at score predictive of Step CK passing)</td>
</tr>
<tr>
<td>• 20% Grand Rounds</td>
</tr>
<tr>
<td><strong>Practice-Based Learning and Improvement (PBLI)</strong></td>
</tr>
<tr>
<td>• 50% PBLI from attending assessments of student performance across all disciplines</td>
</tr>
<tr>
<td>• 30% Final graded triple jump exercise</td>
</tr>
<tr>
<td>• 20% Completion of self-assessment and face-to-face advisor meeting</td>
</tr>
<tr>
<td><strong>Interpersonal and Communication Skills (IP&amp;C)</strong></td>
</tr>
<tr>
<td>• 50% IP&amp;C on attending assessments of student performance across all disciplines</td>
</tr>
<tr>
<td>• 25% Small group assessment</td>
</tr>
<tr>
<td>• 25% Journal club</td>
</tr>
<tr>
<td><strong>Professionalism (PROF)</strong></td>
</tr>
<tr>
<td>• 50% PROF from attending assessments across all disciplines</td>
</tr>
<tr>
<td>• 50% Coordinating Committee assessment of PROF</td>
</tr>
<tr>
<td><strong>Systems-Based Practice (SBP)</strong></td>
</tr>
<tr>
<td>• 50% HQIP Project</td>
</tr>
<tr>
<td>• 50% SBP from attending assessments across all disciplines</td>
</tr>
</tbody>
</table>

**NBME Examinations**
- Objective testing occurs four times during Pillar 2.
  - CCSE Exam
The National Board of Medical Examiners (NBME) Comprehensive Clinical Exam (CCSE) is administered in June and December.

To receive a satisfactory score on the June administration of the CCSE the student must score at, or above the 5th percentile nationally. Students scoring below the 5th percentile will receive an unsatisfactory in Medical Knowledge for the spring semester and will be referred to SPCC.

To pass the December administration of the CCSE score the student must score at, or above the 15th percentile nationally.

The Pillar 2 CCSE Examination Conversion Table will be provided on D2L in the “MD Class of 2023 Admin” course before June.

- Individual subject NBME exams:
  - The mid-year and final exams consist of individual NBME subject exams, one for each of the seven major disciplines. This testing occurs over the course of one week, with one to two exams daily. The order of the exams changes depending on the time of year in which the exams are being taken.

<table>
<thead>
<tr>
<th>Day of Week</th>
<th>Spring Semester Exam</th>
<th>Fall Semester Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Internal Medicine / Surgery</td>
<td>Pediatrics / OB</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Psychiatry / Neurology</td>
<td>Neurology / Psychiatry</td>
</tr>
<tr>
<td>Wednesday</td>
<td>OFF</td>
<td>OFF</td>
</tr>
<tr>
<td>Thursday</td>
<td>OB / Pediatrics</td>
<td>Surgery / Internal Medicine</td>
</tr>
<tr>
<td>Friday</td>
<td>Family Medicine</td>
<td>Family Medicine</td>
</tr>
</tbody>
</table>

- The highest score earned from the mid-year or final NBME subject examination will contribute to the overall final discipline grade.

- Students must achieve a passing score (currently the 15th percentile or better) on at least one of the two administrations of the NBME Subject Examinations for each discipline regardless of the student’s overall discipline grade. In other words, a student must pass each NBME subject exam at least once to pass that discipline.

- Students who fail four or more NBME subject exams at mid-year are identified as being at-risk for underperformance in Pillar 2, and thus will be required to meet with their campus dean and the assistant dean of academic development to assess their study plan for the second half of Pillar 2.

- Students scoring at or above the 85th percentile nationally on their first NBME exam attempt may choose to opt-out of the 2nd NBME exam in that same discipline. Students will be offered the opportunity to make this decision by mid-November.

- The Pillar 2 NBME Subject Examination Conversion Table will be provided on D2L in the “MD Class of 2023 Admin” course before mid-year NBME exams.

**Policy for Pillar 2 Subject Examination Failure and Retesting**

- The following policy applies to students who do not achieve a passing score on at least one of the two attempts for each of the seven NBME subject exams during Pillar 2:
  - Students must achieve passing grades in all NBME subject exams for the seven primary disciplines prior to beginning Pillar 3.
Students who do not achieve a passing score on one or more of the seven NBME subject exams in either of two attempts (scheduled mid-year and end of year) will not pass the respective clinical discipline course.

Students who do not achieve a passing score on one or more of the seven NBME subject exams in either of two attempts must retake the exam(s) no later than four weeks after the end of Pillar 2, and they may not begin Pillar 3 clinical rotations until they receive a passing score on all subject exams.

Students who pass a third attempt on an NBME subject exam complete the requirements to pass that respective discipline. The score from the third attempt will be averaged with the highest score of the previous two attempts to determine the final NBME subject exam score for that discipline.

Students who fail a subject exam for a third time will be assigned a grade of D in the respective clinical discipline and will be referred to the Student Progress and Conduct Committee for determination of required remediation, additional testing attempts, or other appropriate action.

Students may appeal the grade or action based on the medical school policy on student appeal.

**Appeals Process**

- The process for appealing grades follows the Medical Student Affairs Handbook. Within this policy, the term “grade” refers to both the letter grade and narrative assessment. If a student wishes to appeal an assigned grade in a Pillar 2 course or clerkship:
  - The student must submit a written appeal using the standard Pillar 2 Appeal Form available in One45. This form must be completed prior to review by the Pillar 2 Director. Appeals made via email or any other form of communication will not be accepted.
  - The appeal form must be submitted within fourteen calendar days of the notice of the grade that the student is appealing. Exact dates will be provided to students before the appeals process begins.
  - The Pillar 2 Director will ensure all information required on the appeal form has been completed, and he/she will forward the appeal to the appropriate individual for a decision:
    - Clerkship Director if the student is appealing a clerkship/discipline-specific grade. If the clerkship director is the appealing student’s LIC preceptor, the appeal decision will be referred to another faculty coordinator in the same discipline.
    - Campus Dean if the student is appealing a clinical competency grade. If the campus dean is the appealing student’s LIC preceptor, the appeal decision will be referred to another campus dean.
    - The appropriate Course Director for Ethics, Radiology, Friday Academy, or Cultural Immersion.
  - The Clerkship Director Committee, which includes campus deans, will review and discuss all grade appeals and make a decision regarding the requested change. Members of the Committee will recuse themselves from any formal vote if a conflict of interest is present.
  - After grade appeal decisions have been made, the student will be notified in writing of a decision regarding their appeal and appropriate grade change documentation will be completed by the Office of Medical Education.

**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.

- [https://usd.one45.com/index.php](https://usd.one45.com/index.php)
- 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.

- 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 you 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](https://one45software.na2.teamsupport.com/knowledgeBase/5375959)
- Once logged in you will see your to-do list and may complete any tasks assigned to you.

- 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.

- When you are finished, click “Logout”.

46
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).

- 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.

- 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.
Welcome Heather

You are a first time user with a default password. Please change your password to something you will remember. (no spaces. "jxy" cannot be the first three letters.)

New Password:

Confirm New Password (type the same as above):

Submit  Clear

- After logging on, users are sent to their To Dos box. To complete the item, users click on the link.

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

First Attempt
Second Attempt

Clinical documentation is a key area of focus during the clinical experiences of Pillar 2. Students are required to write and verbally present two new patient H&Ps (ambulatory or inpatient) per semester in each discipline. During the spring semester (February – July), students must focus on generating H&Ps outside of the EMR and without any copying/pasting from the EMR.

Student’s Name ______________________ Date of Encounter ______________________

Patient’s Initials __________ Date of Presentation ______________________ Discipline ______________________

Key: S = Satisfactory; U = Unsatisfactory; N/A = Not applicable to the specific encounter

<table>
<thead>
<tr>
<th>History</th>
<th>S</th>
<th>U</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief concern: Concise and in the patient’s or caregiver’s words</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of present illness: Organized flow with exploration of the chief concern(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pertinent past medical history, social history, and family history: Targeted to the specifics of the encounter. (For pediatric patients, a complete developmental history must be included.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of systems: Only pertinent aspects included</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Physical Examination

General description of the patient

Vital signs presented. (For patients ≤18 years old, a growth chart must be included.)

All pertinent positives and only pertinent negatives of the exam were included

Assessment & Plan

The problem list is complete

An adequate differential diagnosis is given for each problem in order of likelihood

An appropriate diagnostic plan is given for each problem

An appropriate therapeutic plan is given for each problem

A plan for follow-up & patient education is provided when appropriate

Oral Presentation

Presentation was succinct and thorough, capturing the necessary elements for the listener to understand the clinical encounter

Oral presentation was completed within 48 hours of the encounter and H&P within 1 week

Overall Assessment

Narrative Feedback: Please include areas of strength and opportunities for improvement and growth. (Notations may also be made on the H&P document itself.) If the faculty preceptor has a concern about missing requirements or the overall quality of the note, they should require note revision. This form should be withheld until the activity is satisfactorily completed.

Faculty Preceptor Signature ______________________ Date Completed __________

Upon completion of this form, the student must turn this assessment into their campus education coordinator. If the education coordinator has concerns about missing elements, the note may be returned to the student for revision and re-review by faculty.

<table>
<thead>
<tr>
<th>Campus Education Coordinator Review</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>All required elements present in the H&amp;P, including growth charts if appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The H&amp;P is student-generated without copying/pasting from the EMR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Campus Education Coordinator Comments:

Campus Education Coordinator Signature ______________________ Date __________
OBSERVED HISTORY AND PHYSICAL EXAMINATION IN A PATIENT ENCOUNTER FORM

Pillar 2 Observed Encounter

Observed encounters are designed to provide a formal assessment of students’ clinical skills through a patient encounter. Students should be observed performing the relevant aspects of history-taking and physical examination in each discipline so they can be given feedback for future growth. Additionally, observed encounters provide an opportunity for faculty preceptors to assess students’ clinical reasoning and management planning. Please maximize this opportunity to focus on the most important skills in Pillar 2.

Student: ____________________________________________________________

Faculty: ____________________________________________________________

Discipline: ____________________________ Date: ____________________________

Complexity of the Encounter: Low/Moderate/High
Did the student introduce him/herself? Yes/No
Did the student wash his/her hands? Yes/No

<table>
<thead>
<tr>
<th>For each of the areas below, please rate the student’s performance.</th>
<th>Student did not meet objective; Student is performing well below the level of their peers and major concerns exist and significant remediation is required. (Unsatisfactory)</th>
<th>Student required significant assistance to meet objective; Additional practice is needed to meet the expectations. (Satisfactory)</th>
<th>Student needed assistance to meet objective; student is at the level of an average Pillar 2 student. (Satisfactory)</th>
<th>Student was able to meet the objective independently with minimal prompting by attending; performing at the level of a Pillar 3 sub-internship student. (Above expectations)</th>
<th>Student met objective independently; Student is performing at the level of graduating 4th year student. (Exceptional)</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtains appropriate elements of the patient’s history</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effectively uses open-ended and directed questions as appropriate obtain the history</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicates clearly with the patient</td>
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<tr>
<td>Demonstrates respect, empathy, and kindness toward the patient</td>
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<td>Performs necessary physical exam maneuvers correctly and in an efficient sequence</td>
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<tr>
<td>Develops an appropriate differential diagnosis</td>
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<td>Proposes an appropriate management plan with rationale for test/treatment</td>
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<tr>
<td>Demonstrates organization and efficiency in patient care</td>
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<td>Overall Performance</td>
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</table>

Comments: Please include areas of success, focused areas for improvement, and recommendations for action.

Faculty Signature: __________________________________________

I was observed performing the relevant portions of the patient history and the patient physical examination or mental status exam.

Student Signature: __________________________________________
STUDENT ASSESSMENT OF FACULTY FORM

Student Evaluation of Clinical Faculty

The data you provide in the following survey is confidential (your name will not be attached to the data you provide). However, because you may want to identify the information source, please choose when you would like this evaluation to be added to the composite data for this faculty member.

☐ After graduation
☐ After the end of this academic year
☐ After your graduation

How much contact have you had with this faculty member?

☐ All week
☐ 1-3 times a week
☐ 1-3 times a month

Please rate this faculty member in the following areas:

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

Comments:

The following will be displayed on forms where feedback is enabled.

(for the evaluator to answer)
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, \textit{H. pylori}
• Diverticular disease- diverticulus, diverticulitis, operative indications
• Pancreas/pancreatitis- 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