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Welcome
It is with much excitement and anticipation we welcome you to Pillar 2! Within this phase of your training, you will grow in your clinical expertise while continuing to making connections to and relying on the foundational knowledge you developed in Pillar 1. Your faculty and preceptors have all worked hard to try to make this the best experience possible for you. We aim to provide you a sound foundation in clinical medicine and to present you with a broad general training in all core clinical disciplines.

Within Pillar 2, you will have initial exposure to the inpatient side of clinical medicine through your mini-block experiences but mainly focus on learning the seven core disciplines within outpatient training in the Longitudinal Integrated Clerkship experience. This “LIC”, as many refer to it, emphasizes that learning should be “relationship-based”, “longitudinal”, and “integrated”. These concepts, which drive the LIC, allow you to acquire clinical knowledge in a way that provides for better storage of medical knowledge and later retrieval for Step 2 and in your later stages of training in Pillar 3 and in post-graduate medical education.

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

Our hope is that your experiences over the course of Pillar 2 will truly help you be the physician you had envisioned you would become as you began this journey. Work hard, love the patients, and please let us know if there is anything we can do for you as a student or for your class as a whole.

With Excitement,

Jennifer Hsu, MD
Pillar 2 Director
Assistant Dean of Medical Student Education
The University of South Dakota
Sanford School of Medicine
Jennifer.Hsu@usd.edu

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Contact Information
- Updated contact list can be found under the Student Handbook, Schedules & Resource Links Module (https://d2l.sdbor.edu/d2l/le/content/1142068/Home).

Competencies
- Updated SSOM Medical Student Competencies can be found under the Student Handbook, Schedules & Resource Links Module (https://d2l.sdbor.edu/d2l/le/content/1142068/Home).

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. 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 important conditions in the core clinical disciplines of family medicine, internal medicine, radiology, 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 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. 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.
- Identify strengths, deficiencies, and limits in one’s knowledge and expertise.
- Set learning and improvement goals.
- Identify and perform appropriate learning activities.
- Incorporate formative evaluation 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.

Practice-Based Learning and Improvement
Students must demonstrate the ability to investigate and evaluate their care of patients, to synthesize and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Students are expected to develop skills and habits to:

- Communicate effectively with patients and families, across a broad range of socioeconomic and cultural backgrounds.
- Establish support 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 healthcare team.
- Formulate timely, logical, medical records that are routinely used in medical practice.

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. Students are expected to:

- 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 and the timeliness of task completion.
- Leadership skills that enhance team functioning, the learning environment, and/or the healthcare 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.
- Work effectively in various healthcare 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.
**Class of 2021 – Pillar 2 Calendar (2019-2020)**

- Updated calendar found on D2L under the Student Handbook, Schedules & Resource Links Module ([https://d2l.sdbor.edu/d2l/le/content/1142068/Home](https://d2l.sdbor.edu/d2l/le/content/1142068/Home)).

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### Sanford School of Medicine Calendar

**Pillar 2: 2019-2020**

**Class of 2021**

#### Monday of the Week

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<td>Week 16</td>
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#### Monday Holiday

- 5/27/2019

#### Labor Day

- 9/2/2019

#### Cultural Observance

- 9/9/2019

#### Thanksgiving Day

- 11/28/2019

#### Christmas Day

- 12/25/2019

#### New Year’s Day

- 1/1/2020

**Updated: 11/15/18**

**Approved by MECC: 4/18/18**

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*Note: The week of March 16, 2020, is designated as a final exam week.*
Overview of Pillar 2

Mini-blocks

- Mini-blocks offer students an opportunity to acclimate to the inpatient environment and remain in a single discipline. These experiences occur in disciplines with important hospital-based elements and may occur at different times of the year, depending on the clinical campus.
- Students are expected to function as an integrated member of the inpatient team to more fully understand each member’s role and unique contribution to patient care.
- Students will also complete a three-week family medicine preceptorship in rural South Dakota in lieu of a hospital-based immersion. This offers an opportunity to live in a rural community and work with a rural family physician.
- **Evaluation:** For this experience, preceptors provide students with written comments on the student’s performance. No grade is assigned.
- **Handbooks:** Refer to each department’s Mini-Block Handbook for further details & requirements. These can be found on D2L under the Miniblock Handbook module.
- Vacation and education days cannot be used during any mini-block experiences.
- Call held during any mini-block experience (including when selected in Student-Centered Learning Weeks) will not count towards required call in the LIC. If students go above and beyond these requirements in the mini-block, they can count that call session toward Pillar 2 requirements.

Longitudinal Integrated Clerkship (LIC)

- In the longitudinal integrated clerkship (LIC), students average ½ day each week in each of the seven major disciplines and gain clinical competence across multiple disciplines simultaneously. There is minor variability in this on each campus based on availability of preceptors in the LIC. In the LIC clinics, students gain expertise in managing problem-focused encounters and selecting appropriate treatment. Many patient encounters will occur in this setting, including encounters with individuals who will be seen multiple times. Occasionally patients will be admitted to the hospital from the clinic, and students should participate in the hospital admission.

Student-Centered Learning (SCL)

- At the end of Pillar 2, students will be given an opportunity to create a four week learning experience known as Student-Centered Learning.
- More info on scheduling SCL will be provided on D2L under the Student-Centered Learning Weeks module.

Hospital Rounds

- In addition to the inpatient-focused experiences during the mini-blocks, students are expected to continue hospital-based activity throughout the year. Students should complete hospital rounds on any hospitalized panel patients, including post-operative patients or postpartum patients/newborns on a daily basis. These rounds should include 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 year.
- 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.

**Self-Directed Learning (SDL)**

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

- **A student will be allowed to use one ½ day per week of SDL to be engaged in scholarly activity to work on any of the following projects.**
  - HQIP projects
  - Research projects
  - Journal Club
  - Ethics session preparation and future Ethics online discussions
  - Scholarship Pathways work if involved
  - Cultural Immersion posters
  - Community Projects (FARM Students)

**Continuity Patients**

- Students have the opportunity to identify a panel of patients whom they will follow more closely throughout the year. The panel 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 panel patients can be picked up in the hospital setting is when students are on call during the weekend or doing their surgery call experience. Panel 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 panel patients in each discipline, totaling at least 25 patients.** Some of these student-patient relationships will involve numerous meaningful encounters during the year while others may not. Students should follow their panel 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 panel patient, it may be necessary to leave a scheduled LIC clinic. Students should inform their clinic preceptor and arrange to make up clinic absences during their self-directed learning, or “white space.”

• When entering a panel patient encounter in Student Patient Experience Log (SPEL), students should designate it as a panel patient encounter.

• Each clinical site has its own 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.

• Near the end of Pillar 2, each student will present a panel patient in Small Group.

**Learning Issues**

• Identifying and addressing learning gaps is a critically important skill for lifelong learning. Identifying learning issues can help students direct their own learning, develop clinical reasoning, and better understand key concepts. In addition to the small group process, students are asked to develop learning issues in the clinic or hospital during direct patient care. Students should independently research the identified learning issues utilizing appropriate resources (appropriate on-line resources and other faculty) and present the findings at the next clinical encounter with their preceptor.

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

**Student Advisors**

• While the coordinating committee may serve in an advisory role, students also have the option to select an advisor in their area of interest.
Professionalism

- Students are expected to adhere to the ethical and behavioral standards of the profession of medicine. Physicians must recognize responsibility not only to their patients, but also to society, to other health professionals, and to self.

- As a medical school, we emphasize the following professional behaviors:
  - **Altruism** - Physicians subordinate their own interests to the interests of others.
    - Show appropriate concern for others, including going “the extra mile” without thought of reward
    - Put yourself “in others’ shoes” while still maintaining objectivity
  - **Honor and Integrity** - Physicians are truthful, admit errors, and adhere to high ethical and moral standards.
    - Display honesty, forthrightness, and trustworthiness
    - Model ethical behavior, including confronting or reporting inappropriate behavior amongst colleagues
    - Admit errors and seek and incorporate feedback
  - **Caring, Compassion and Communication** – Physicians take time to talk to patients and families, break bad news with compassion, and communicate effectively with colleagues.
    - Work well with others
  - **Respect** - Physicians treat patients with respect and deal with confidential information appropriately.
    - Demonstrate respect for and sensitivity to patients (beliefs, gender, race, culture, religion, sexual orientation, and/or socioeconomic status)
    - Maintain sensitivity to confidential patient information
    - Respect authority and other professionals within the interprofessional team
  - **Responsibility and Accountability** - Physicians fulfill their professional responsibilities and are aware of their own limitations.
    - Meet deadlines and be punctual for all assigned tasks. This includes educational and professional practice requirements, e.g. immunizations, EMR training, infection control training, etc.
    - Follow policies and procedures, including attending all required educational activities
    - Assume responsibility when appropriate and ask for help when needed
    - Maintain neat personal appearance*
  - **Excellence and Scholarship** - Physicians demonstrate conscientious clinical decision making, seek to advance their own learning, and are committed to spread and advance knowledge.
    - Set and actively work toward personal goals
  - **Leadership** – Physicians advocate for the profession and promote the development of others.

- You will be evaluated regularly by your LIC attendings and coordinating committees based upon the behaviors listed above.

- * Students should be aware the clinical sites may have specific guidelines that need to be followed regarding facial hair, tattoos, piercings, etc. Students should wear a clean, white coat with a name badge at all times when engaged in any clinical activity. Surgical scrubs are permitted in the operating room (OR) or emergency room but should NOT to be worn out of the
hospital. When leaving the OR for short periods or when on-call, students should always wear a white coat over the scrubs and change into new scrubs before returning to the OR.

- Professional and Unprofessional Behavior Report Forms can be found in D2L or on the medical school Web Portal found under Forms.

**Electronic Medical Record (EMR)**

- Medical students interact with EMRs almost daily during the clerkship year and going forward in their medical career. It is imperative that students learn to use the EMR to enhance learning and to effectively participate in patient care. Despite its many advantages, EMRs have a few potential disadvantages in medical education. Students in their clerkship year are at a critical point in developing diagnostic reasoning skills. Templates, auto-fill, cut/paste, and other programmed EMR features can negatively impact critical-thinking. The many prompts and reminders may short-circuit decision making as to which elements are most important and why. Conveying thought processes (and evaluating those thought processes) in notes generated by the EMR poses a challenge. While tedious at times, creating H&Ps outside the EMR will improve the student’s ability to function - and to think critically - independent of the electronic record.
  - Use their own login and password in order to view and document in the patient record.
  - Contribute meaningful data to the EMR in the form of a patient note which is completed and signed in a timely manner.
  - Become familiar with the various functions of the EMR including review of lab results, radiologic images, consultant reports, previous notes, educational resources, and order entry.
  - Have notes reviewed and edited by the supervising physician, who should provide appropriate formative feedback.
  - Avoid the use of copying and pasting information from one note to another.
  - Avoid use of templates for documenting the history and physical until they are expressly given such permission.
  - Comply with HIPAA rules and avoid inclusion of any patient-identifying data in the typed H&P (name, birthdate, and patient ID numbers which are all considered identifying data).
  - View only charts of patients that are directly under their care. Violation could result in loss of or severe restriction of EMR privileges.
  - Print documents sparingly and always shred printed EMR documents.
**Pillar 2 Requirements**

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<tr>
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<td>2</td>
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<td>2</td>
<td>H&amp;P - OB/GYN</td>
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<td>6</td>
<td>H&amp;P – Pediatrics (including growth charts)</td>
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<td>2</td>
<td>H&amp;P - Surgery</td>
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<td>8</td>
<td>H&amp;P – Psychiatry (using Psychiatry forms)</td>
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<td>H&amp;P - Flexible (Student Choice)</td>
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<td>Flexible (Student Choice)</td>
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**History & Physical (H&P)**

- 40 typed H&P write-ups with corresponding oral presentations to faculty attending will be completed in mini-blocks and LIC. This means an average of 1 H&P per week. **20 H&Ps must be completed the Friday prior to mid-year test week. All 40 H&Ps must be completed the Friday prior to final test week.** Failure to do so is a professionalism issue and may result in an adjustment in the professionalism grade.
- H&Ps should be written using Microsoft Word and **not printed from the electronic medical record.** No identifying patient information should be included.
- The H&P evaluation form can be found on D2L under the Student Forms Module: [https://d2l.sdbor.edu/d2l/le/content/1142068/viewContent/6304218/View](https://d2l.sdbor.edu/d2l/le/content/1142068/viewContent/6304218/View)
• Students should provide a printed copy of the evaluation form to their attending with each presentation.
• Following a patient work-up, the student should present the oral presentation and the typed patient write-up to an attending within one week. The oral case presentation should take 3 to 5 minutes and contain only pertinent information. If the original attending physician is not available, another physician faculty may hear the case presentation and complete the H&P evaluation.
• Once completed and signed by the attending, the forms are submitted with the written H&P to the campus Education Coordinator for credit. These will not be counted until they are handed in. (In Sioux Falls, these can be delivered to the student lounge and placed in the locked paperwork slot that is picked up at regular intervals).
• Students are encouraged to space their H&P completion out through the year. If H&Ps are completed prior to the end of Pillar 2, students are still expected to complete any clinical documentation or other educational tasks as requested by their LIC attendings. This is an important area for continued growth and self-directed learning.

**Observed Encounter (OE)**

• Students are to be observed by an attending performing a pertinent history and physical or mental status exam for each discipline.
• OEs may be problem-focused histories and/or exams and do not have to be complete H&Ps. They should be documented in SPEL.
• The Observed Encounter forms must be used to document completion and can be found on D2L under “Note Templates & Eval Forms” → “Documentation Evaluation Forms”.
• **Seven OEs must be completed, signed by an attending, and submitted with the associated EPN (below) by the Friday before mid-year exam week to receive credit.**

**Enhanced Progress Note (EPN)**

• EPNs document a problem-based patient encounter in the format of the OSCE and the USMLE Step 2-CS exam.
• These notes should be completed in conjunction with the observed encounters described above using Note Writer. This can be accessed at: http://138.68.51.28/WEBNOTEWRITER-NO_VIDEO-Dev/ using the password: [CP+2KWqZL5kPKD4oi3^u#*{yu<,L_xro?qCznAz22LzBvysz2z?>hCvUpViuG!@)%ND/:GDc?R2uV E)x^Qky)(([2])J?
• Upon completion of the note, students must download the EPN, save it, and print it.
• Once completed and signed by the attending, the OE forms are submitted with the written note to the campus Education Coordinator for credit. (In Sioux Falls, these can be delivered to the student lounge and placed in the locked paperwork slot that is picked up at regular intervals).
• **7 enhanced progress notes (1 per discipline) are due the Friday before mid-year test week.**
• Note Writer should be practiced throughout the year in in varied clinical assignments as continued practice will improve student efficiency so they will be more prepared for the OSCE and Step 2 CS.

**Aquifer Required Online Cases**

• **43 online cases are required during Pillar 2** from the Aquifer online case repository. Specific case names and numbers are listed below. Students should average 1 case per week.
• **21 cases must be completed the Friday prior to mid-year test week.** All 43 cases must be completed the Friday prior to final test week. Failure to do so is a professionalism issue and may result in an adjustment in the professionalism grade.

• 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 in Pillar 1. The custom course, Sanford School of Medicine – Pillar 2 Aquifer Online Cases, should be listed. This contains the Family Medicine and Pediatric cases.

• For the Wise-MD surgery cases, use the following URL: [http://wise-md.med.nyu.edu/DoLogin.action](http://wise-md.med.nyu.edu/DoLogin.action) or click “Launch WISE-MD” when you login to Aquifer.

• For any issues with logins, please refer to this link: [https://www.aquifer.org/support/students](https://www.aquifer.org/support/students)

• As part of self-directed learning, students can choose to reset 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.

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

<table>
<thead>
<tr>
<th>AQUIFER WiseMD SURGERY – 14 CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anorectal Disease</td>
</tr>
<tr>
<td>Appendicitis</td>
</tr>
<tr>
<td>Bariatric Surgery and Obesity</td>
</tr>
<tr>
<td>Bowel Obstruction</td>
</tr>
<tr>
<td>Breast Cancer Surgery</td>
</tr>
<tr>
<td>Burn Management</td>
</tr>
<tr>
<td>Cholecystitis</td>
</tr>
</tbody>
</table>
Aquifer Elective Online Cases

- The elective cases have been identified by the Clerkship Directors of various disciplines that can be completed for additional learning in a respective discipline.

<table>
<thead>
<tr>
<th>AQUIFER FAMILY MEDICINE – OBGYN Elective Cases – 3 CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 12: 16 year old female with vaginal bleeding and UCG</td>
</tr>
<tr>
<td>Case 14: 35 year old with missed period</td>
</tr>
<tr>
<td>Case 17: 55 year old post-menopausal female with vaginal bleeding</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AQUIFER FAMILY MEDICINE – PSYCHIATRY Elective Case – 1 CASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 3: 65 year old female with insomnia</td>
</tr>
</tbody>
</table>

Triple Jump Exercise

- The Triple Jump Exercise is used to assess students’ abilities in communication, critical thinking, and diagnostic reasoning skills while working through a patient case with faculty preceptor.
- Students must develop a differential diagnosis, identify knowledge gaps, and find appropriate resources to address those gaps in answering the clinical questions.
- Students will be performing 3 Triple Jump exercises during Pillar 2. The first is practice and the second and third are graded.
- The first Triple Jump will occur in June, the second in September and the third in November.
- Typical cases include a child with a fever or adult with headache. There may be ethical issues involved.
- Upon completion of any triple jump activity, students should leave all forms and documents, except their individual notes, with faculty or administrators.

STEP 1: PROBLEM DEFINITION (30 minutes; student with the preceptor)

1. The student is presented with a new clinical problem in a brief written scenario.
2. The student identifies initial hypotheses and obtains an appropriate history and physical exam and requests necessary labs or imaging to determine a final diagnosis.
3. The student reviews patient management using existing medical knowledge.
4. The student identifies learning issues for Step 2 of the exercise.

STEP 2: INFORMATION SEARCH (120 minutes, student does this alone but may consult appropriate resources as needed such as online or print resources, medical librarian, other faculty)

1. The student prioritizes questions and researches answers.
2. The student applies new knowledge to the clinical scenario.
3. The student prepares a synthesis of the identified learning issues.

STEP 3: SYNTHESIS (30 minutes; student with the preceptor)

1. The student reports on progress.
2. The student outlines a synthesis of the new knowledge gained in Step 2.
3. The student reviews with the preceptor use of time during Step 2, resources accessed, and information gained.
4. The student modifies or changes the hypotheses and management plan from Step 1 as needed, based on new knowledge.
5. The preceptor and student discuss the student’s performance using the Evaluation of Triple Jump Exercise form (to be completed by the preceptor in the final 10 minutes of Step 3).
Grand Rounds

- Each campus sponsors Grand Rounds and Clinical Cases Conferences in multiple disciplines. Participation in these sessions is an important part of continuing professional development.
- Students are required to attend 5 Grand Rounds presentations or Clinical Case Conferences over the entire year. Live sessions are preferred, but recorded or videoconference sessions may also be counted toward this requirement.
- Grand Round schedules can be found on D2L under the Grand Rounds Module.
- Students should register and complete evaluations online when available and sign in at sessions. Please confirm with the campus Education Coordinator to assure attendance is counted toward this requirement.

Student Patient Experience Log (SPEL)

- SPEL allows students to maintain a log of clinical encounters in One45.
- An experience is any meaningful interaction with a patient in which the student directly participates in patient care. As long as each encounter is “meaningful” and occurs on a new day, log a new entry in SPEL. For example, if you round for 3 days on a patient admitted for an acute myocardial infarction and write a note for each day, this is counted as three separate SPEL entries. Likewise, if you see a diabetic patient in clinic every 3 months for a total of three times, and you participate in each encounter, this is counted as 3 separate SPEL entries. Patient encounters like this may occur with hospital, clinic, or panel patients.
- Medical students are starting a documentation process that will continue throughout medical school, residency, and in practice. Medical students document in SPEL so that 1) students can maintain a listing of medical problems they have encountered and 2) medical schools can monitor their curriculum. Each of your coordinating committees will review your performance on your SPEL logs every month to confirm that you are progressing in the curriculum as compared to your peers and to the standards and requirements set forth in the curriculum.
- It is also required by the Liaison Committee on Medical Education (LCME), the body that accredits medical schools. **Note also that a portion of the student’s grade in Professionalism includes regular logging of your SPEL data. Students should update their SPEL database daily.**
- The SPEL data will provide an ongoing record of the student’s experience in medical school. This allows the student to assess areas of more or less exposure and validate experience when preparing for residency application and interviews.
- 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 you make this a habit to document daily your experiences so that you can carry these habits into residency training and beyond as a future physician.
- **Document patients in SPEL for any of the following examples:**
  - Performed a completed H&P and completed an audit
  - Participated in a medical procedure or surgery
  - Participated in obtaining a significant focused part of the history (Adult, pediatric or newborn), 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 (Adult, pediatric or newborn), and/or:
  - Discussed the differential diagnosis or diagnostic plan
  - Contributed to the discussion of a management plan
  - Counseled a patient regarding the management plan
- 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 your attending in a clinic or hospital but did not actively examine or participate in that patient’s diagnostic or therapeutic plan

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.

Students must log a total of 10 PDQ (Professionalism, Diversity, & Quality) encounters in SPEL. These will typically occur in conjunction with other diagnoses / procedures.

PDQ examples:
- Professionalism – difficult patients, end-of-life issues, physician-nurse relationships, delivering bad news, reacting to patients refusing student participation, etc.
- Diversity – interpreters, HIPAA awareness among patients from different cultures, role of alternative medicine in different cultures, impact of religious beliefs on care, etc.
- Quality – medical errors, transitions of care, clarity of patient instructions, impact of documentation on patient care, safety measures for hospitalized patients, etc.

<table>
<thead>
<tr>
<th>#</th>
<th>REQUIRED CLINICAL ENCOUNTERS (SPEL)</th>
<th>Clinical Setting</th>
<th>Participation Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Child Health – Central Nervous System</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>3</td>
<td>Child Health – Chronic Medical Problem</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>3</td>
<td>Child Health – Dermatologic System</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>1</td>
<td>Child Health - Development</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>1</td>
<td>Child Health – Emergent Clinical Problem</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>3</td>
<td>Child Health - Gastrointestinal</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>1</td>
<td>Child Health - Growth</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>3</td>
<td>Child Health – Lower Respiratory</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>1</td>
<td>Child Health – Unique condition: Fever without localizing findings</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>1</td>
<td>Child Health – Unique condition: Neonatal Jaundice</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>3</td>
<td>Child Health – Upper Respiratory</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>5</td>
<td>Medical Conditions - Cancers</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>10</td>
<td>Medical Conditions - Cardiovascular</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>15</td>
<td>Medical Conditions - Dermatology</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>5</td>
<td>Medical Conditions – Ears/Nose/Throat</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>#</td>
<td>PROCEDURES (SPREL)</td>
<td>Clinical Setting</td>
<td>Participation Level</td>
</tr>
<tr>
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<td>-------------------------------------------------------------</td>
<td>------------------------</td>
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</tr>
<tr>
<td>10</td>
<td>Medical Conditions - Endocrinology</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>15</td>
<td>Medical Conditions - Gastrointestinal</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>10</td>
<td>Medical Conditions – Health Maintenance</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>3</td>
<td>Medical Conditions - Hematologic</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>15</td>
<td>Medical Conditions – Infectious Disease</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>5</td>
<td>Medical Conditions - Nephrology</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>3</td>
<td>Medical Conditions - Ophthalmology</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>1</td>
<td>Medical Conditions - Orthopedics</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>3</td>
<td>Medical Conditions – Psycho-social issues</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>15</td>
<td>Medical Conditions - Pulmonary</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>5</td>
<td>Medical Conditions - Rheumatology</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>5</td>
<td>Medical Conditions - Urology</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>10</td>
<td>Mental Health – Anxiety Disorders</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>10</td>
<td>Mental Health – Attention Deficit Hyperactivity Disorder</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>10</td>
<td>Mental Health – Cognitive Disorders/Dementia</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>1</td>
<td>Mental Health – Eating Disorders</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>10</td>
<td>Mental Health – Mood Disorders</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>5</td>
<td>Mental Health – Pervasive Developmental Disorders</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>5</td>
<td>Mental Health – Sleep Disorders</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>10</td>
<td>Mental Health – Substance Dependence</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>10</td>
<td>Mental Health – Thought Disorders</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>5</td>
<td>Neurology – Predominantly Chroic Neurologic Disorders</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>5</td>
<td>Neurology – Predominantly Transient/Paroxysmal Neurologic Dis.</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>3</td>
<td>Neurology – Predominantly Urgent/Emergent Neurologic Dis. Disorders</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>5</td>
<td>Surgery – Preoperative Evaluation (Day of Surgery in Hospital)</td>
<td>Inpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>10</td>
<td>Surgery – Postoperative Evaluation (Daily Encounter in Hospital)</td>
<td>Inpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>1</td>
<td>Surgery – Trauma or Emergency Evaluation (Inpatient Encounter)</td>
<td>Inpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>10</td>
<td>Women’s Health – Gynecology Conditions</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>10</td>
<td>Women’s Health – Obstetrics Conditions</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>15</td>
<td>Women’s Health – Office Practice or Other</td>
<td>Outpatient</td>
<td>Participated</td>
</tr>
<tr>
<td>10</td>
<td>Professionalism/Diversity/Quality</td>
<td>Inpatient/Outpatient</td>
<td>Participated</td>
</tr>
</tbody>
</table>

### Clinical Setting
- **Inpatient**: This indicates that the procedure is typically performed in a hospital setting, where the patient is a ward patient.
- **Outpatient**: This indicates that the procedure is typically performed in a clinic or at home, where the patient is not hospitalized.

### Participation Level
- **Participated**: This indicates that the participant has had involvement in the specified procedure.
- **Observed**: This indicates that the participant has not had involvement in the specified procedure but has observed it.

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<table>
<thead>
<tr>
<th></th>
<th>Women's Health - Vaginal Deliveries</th>
<th>Inpatient</th>
<th>Participated</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Healthcare Quality Improvement Project (HQIP)

- Students completed the IHI Open School modules during Pillar 1. These serve as a foundation for quality and safety projects to be completed during Pillar 2. Student will be meeting with the quality and safety representatives of their respective health care systems. All students will participate in a quality safety project during the course of the year.
- Expectations and requirements pertaining to the project are detailed in the Pillar 2 HQIP Handbook which will be introduced in orientation sessions for the project.

Palliative Care Seminar

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

Clinical Ethics Course

- Ethics is a discipline of moral inquiry and deliberation based on philosophical theories. There are no mechanical processes, computer programs or algorithms that can be applied in a situation of moral doubt. Knowledge of medical ethics, like medicine, is through life-long education and experience. At USD SSOM, the Section of Ethics and Humanities develops the ethics curriculum. These faculty are interdisciplinary with expertise in ethics.
- Students continue ethics education in Pillar 2 through the 5-month-long course, Clinical Ethics. Clinical Ethics utilizes peer dialogue both in person and through online discussion forums to enhance learning. There are two mandatory Friday Academy sessions included in the course Clinical Ethics. Students will respond reflectively on D2L to readings and discussion questions. An advance directive document is also due near the end of the 5-month-long course. Further instructions and course syllabus will be provided in early spring.

Objective Structured Clinical Examination (OSCE)

- Successful completion of the “End of Pillar 2” High-Stakes Objective Structured Clinical Examination is required for graduation at the Sanford School of Medicine. In the OSCE format, students perform in a series of clinical encounters with standardized patients followed by documentation of findings (usually an enhanced progress note). OSCEs can range in size from one case (campus practice OSCE) to six cases (end of Pillar 2 OSCE). The end of Pillar 2 OSCE also includes a station dedicated to X-ray interpretation, EKG interpretation, and/or identification of heart and lung sounds on the SAM. Cases depict common and important symptoms and diagnoses that have been taught during medical school training. Additional details on the OSCE and format can be found in D2L.

Cultural Immersion Course

- Cultural Immersion is a 1-week experience embedded in Pillar 2 in which students observe and participate in a cultural community to gain a broader understanding of human situations.
• Students will participate in a day of didactic sessions, a visit to a Hutterite colony, and an immersion experience in a chosen cultural community. This experiential learning will be followed by creation and presentation of a poster.
• Further details will be communicated during Pillar 2 Orientation and as the experience approaches.

Radiology Course
• Over the course of Pillar 2, students will be asked to participate in live sessions that integrate lecture material with case-based learning to facilitate understanding and application of foundational radiographic interpretation. Along with this, a final exam will be conducted to assess understanding of this material. Similarly, a radiographic case report is required at some point in Pillar 2 training.
• Expectations, grading, and requirements will be communicated to the class during the first radiology session of Pillar 2.

Friday Academy
• This Friday afternoon didactic session is a required part of the LIC curriculum comprised of a variety of active learning and didactic sessions. The following sessions occur on a rotating schedule, and they will typically take place at the main campus building or student center. See the Friday Academy calendar for additional detail on times and topics.

Small Group – Rapid City & Sioux Falls
• Student small group sessions are scheduled generally every other week and student attendance is mandatory. The groups are typically comprised of 5-6 students and one faculty facilitator.
• Faculty facilitators may include basic science or clinical faculty. While they oversee the dynamics and process of the small group, facilitators should not routinely serve as the content expert. In fact, cases will often fall outside their specified area of expertise. On occasion, faculty may briefly step out of the facilitator role to offer comment or advice. Overall, the process of developing, researching, and reporting on learning issues leads to improved knowledge retention and lifelong learning skills.
• The makeup of various small groups will change in mid-year. Facilitators can lead multiple sessions through the year. Small group session times vary by campus and are held at the main campus building or student center. Students will require adequate time away from clinic for the session itself and travel time before and after.

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

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

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

**Small Group – Yankton & FARM**
- Student small group sessions are scheduled in two week sessions, and student attendance is mandatory. The groups are typically comprised of 5-6 students and one faculty facilitator.

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

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

**Journal Club**
- Students discuss aspects of evidence-based medicine in a variety of formats from review of resources to traditional journal club. For each session, students will receive two articles to review in preparation for discussion and/or presentation that week.
- Journal club can become a very valuable tool for any student and one will be able to develop skills and critical thinking techniques that will aid them into residency training and beyond.
- The aims of a successful journal club would include:
- Continuing professional development
- Keeping up-to-date with the current evidenced-based literature
- Disseminating information on and build up debate about good practice and best practices
- Ensuring that professional practice is evidence-based
- Learning and practicing critical appraisal skills
- Providing an enjoyable education and social occasion

- Over the course of Pillar 2, each student will be required to not only present a journal club but also provide “meaningful participation” as an observer of each journal club session. At the beginning of Pillar 2, a presentation and discussion on how each journal club session should run will be provided. During this session, guidelines, grading rubrics and modeling of journal club will be discussed with the Pillar 2 cohort of students.
- Following this, a total of three journal club sessions will run through the course of Pillar 2. These will be conducted using small group learning (5 or 6 students) and large group discussion, and will run for an hour, each session.

### BLS & ACLS

- **Students are required to have BLS (Basic Life Support) and ACLS (Advanced Cardiac Life Support) training completed towards the beginning of their Pillar 2 experiences.** Both BLS and ACLS training are provided on all of the clinical campuses and FARM students are given opportunities to get this via attendance to a session on one of the clinical campuses or by their respective clinical sites. Please work with your respective Education Coordinators to get these educational opportunities completed as they can truly provide a foundational knowledge to allow you to more comfortably manage more critically ill patients.

### Call

- 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.

### Mini-block Call

- The Mini-blocks and longitudinal clerkships will each have call requirements. Please refer to the mini-block schedules in the clinical disciplines handbooks, and see your respective campus Education Coordinator or Department Assistant for call schedules. This can also be found in D2L in the discipline sections. All call requirements fall within the limits outlined in the Duty Hours policy.

### Yankton - ER Call

- 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 & Rapid City – OB Shifts**

- In Sioux Falls, call for OB will be a 12 hour shift from 7:00 to 7:00 (AM or PM shifts) in a laborist model, meaning you 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. At least two of the six shifts are required to be night shifts. 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 your scheduled LIC clinic time or OR time spent with your 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 call shifts. Students should plan two of the three call 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 call shift and follow the new attending. The student’s requested OB call schedule for the 1st half of the year must be submitted to the SF Education Coordinator/Assistant by the Monday of week 5 of SF mini blocks, and by the Monday of Cultural Immersion week 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 call shift. The OB 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 call shift schedule. The final/posted calendar will be used to verify student attendance for OB shifts.

- In Rapid City, students will be expected to set up these 12 hour shifts with various laborists.

**Sioux Falls & Rapid City – Surgery Call/Night Shift**

- 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 call shifts for the year. The date and time should be determined by the student (Rapid City) or will be scheduled by your respective LIC Education Assistant (Sioux Falls). You must complete four of the required call shifts before the first NBME exam week. You 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 6 hours of additional work to allow for rounding on post-op patients
If the attending surgeon or surgical resident with whom you are working is in-house, you will report to them at the beginning of your surgical shift.

If the attending surgeon or surgical resident is not in-house during your surgical shift, the student will do the following:

- Inform the OR and floor nursing staff that they are doing the surgery shift and seeking as many surgery-related experiences as possible:
  - Operative procedures
  - Care of patients pre- and post-operatively. This may include, but is not limited to nasogastric/orogastric tube placement, peripheral IV placement, dressing changes, etc.
  - Provide contact information to appropriate nursing staff for use during the shift
  - Provide the start and end times of their shift to nursing staff
  - Report to the surgical floor and work with nursing staff during the night shift to perform procedures and wound management if they are not needed in the OR or are not actively working with another patient

- The student is expected to be present, staying with the surgeon, team, or patients during that time. It is important students take an active role in this experience 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. Students should complete the “Night-shift Form” (used by Rapid City) for the campus education coordinator when surgery shifts are completed in order to receive credit.

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

**FARM Call**

- FARM students will complete an average of one weeknight call every other week and one weekend 24-hour call per 4-week cycle. FARM call can be “home” call where the student is at home but can be called in to the hospital while at home.
- Call includes the surgery and OB cases that present to the Emergency room or cases as directed by the “On-Call” physician.
### Pillar 2 Assessment and Grading

#### DISCIPLINES

<table>
<thead>
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<tr>
<td>Family Medicine</td>
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#### COMPETENCIES

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<tr>
<td>Interpersonal &amp; Communication Skills</td>
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<tr>
<td>Professionalism</td>
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<tr>
<td>Systems-based Practice</td>
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#### OTHER COURSES

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<tr>
<td>Cultural Immersion</td>
<td>1</td>
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<tr>
<td>Radiology</td>
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<td>Clinical Ethics</td>
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### GRADE CALCULATIONS BY COURSE

**Grading Criteria for all Pillar 2 Courses:**

- A ≥ 90.50%
- B = 90.49% - 80.50%
- C = 80.49% - 70.50%
- D = 70.49% - 60.50%
- F < 60.49%

#### DISCIPLINE COURSE GRADES:

- **Discipline Grades**
  - 50% NBME subject exam for each discipline
  - 30% Attending assessment of student performance for each discipline
  - 20% Completed H&Ps

#### COMPETENCY COURSE GRADES:

- **Patient care**
  - 50% This competency on attending assessments of student performance across all disciplines
  - 25% Completed H&Ps from all disciplines
  - 25% Overall OSCE score

- **Medical knowledge**
  - 70% NBME subject exams across all disciplines
  - 30% This competency on attending assessments of student performance across all disciplines

- **Practice-based learning & improvement**
  - 50% This competency on attending assessments of student performance across all disciplines
  - 25% Triple-jump exercises
  - 25% Journal Club

- **Interpersonal & communication skills**
  - 50% This competency on attending assessments of student performance across all disciplines
  - 25% Interpersonal & communication component of the OSCE
  - 25% Small group assessments

- **Professionalism**
  - 50% This competency on attending assessments of student performance across all disciplines
  - 50% Demonstrated professional habits as assessed by the LIC Coordinating Committee

- **Systems-based practice**
  - 50% HQIP Project
  - 25% This competency on attending assessments of student performance across all disciplines
  - 25% Palliative care

- **Friday Academy**
  - 100% Meaningful participation and attendance

- **Cultural Immersion Experience**
  - 70% Cultural Immersion Poster Presentation
  - 30% Journal Writings

- **Radiology**
  - 60% Radiology Exam
  - 30% Case studies
  - 10% Meaningful participation

- **Ethics**
  - 65% Online Forum Participation
  - 10% Reflective Writing
  - 25% Friday Academy Sessions
• Students receive a grade for each of seven major disciplines and six competencies as shown on the Pillar 2 Grading outline.
  o A mid-year formative grade will be assigned in each discipline and competency along with a satisfactory academic progress statement.
  o A final transcript grade will be assigned in each discipline and competency at the completion of Pillar 2.
• Objective testing occurs three times during the clerkship year.
  o The first test session is comprised of a one-day National Board of Medical Examiners (NBME) Comprehensive Clinical Exam (CCSE).
  o 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 change depending on the time of year in which the exams are being taken. This is to help students have a chance to take a certain exam earlier in the week as compared to later in the week.

Midterm
Monday AM - Internal Medicine
Monday PM - Surgery
Tuesday AM - Psychiatry
Tuesday PM - Neurology
Thursday AM - OB/GYN
Thursday PM - Pediatrics
Friday AM - Family Medicine

Final
Monday AM - Pediatrics
Monday PM –OB/GYN
Tuesday AM - Neurology
Tuesday PM - Psychiatry
Thursday AM - Surgery
Thursday PM – Internal Medicine
Friday AM – Family Medicine

• Students must achieve a passing score (currently the 10th 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.

PILLAR 2 NBME SUBJECT EXAMINATION CONVERSION TABLE
• The Pillar 2 NBME Subject Examination Conversion Table will be provided to the CO 2021 in June during the general timeframe of when you take the CCSE.
**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. The passing grade for each discipline (10th percentile nationally) is defined in the Pillar 2 NBME Subject Examination Conversion Table found in the Pillar 2 syllabus.
- 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 or the competency course entitled Medical Knowledge.
- 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 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 Medical Knowledge competency 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.

**PILLAR 2 STUDENT EVALUATION, PROGRESS, AND POSSIBLE ACTIONS**

- 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 by his or her respective coordinator after review by the coordinating committee.
- If additional action is needed, the student would next meet with the Campus Dean then, if not resolved, the Dean of Student Affairs. At any point in this process, referral can be made to the Student Progress and Conduct Committee (SPCC) if student is failing, at risk of failing, or in any case of unprofessional conduct.
- A uniform scale is used to provide a grading scheme for attending evaluations, presentations, and other projects throughout Pillar 2. Almost all evaluation in Pillar 2 will utilize the following scale:

<table>
<thead>
<tr>
<th>Exceptional</th>
<th>Good</th>
<th>Acceptable</th>
<th>Unsatisfactory</th>
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<td>100%</td>
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<td>65%</td>
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Monthly
- At each monthly meeting, a summary of the student’s progress with feedback for improvement is documented in written form and provided to the student. Along with this a document or record is kept by the coordinator to capture comments regarding the student’s performance in various competencies.
- The coordinating committee member assigned to the student is typically the person completing this form and is responsible for providing additional verbal feedback to the student if necessary.
- Each month a student is required to review and sign their report and return it, in a timely manner, to their respective Education Coordinators.

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

End-of-Year
- The end-of-year summative student assessment includes the thorough review of student progress including subject exam scores and attending assessments.
- A summative grade is calculated in each discipline and competency for committee review. Students receive their calculated grades along with a summary of the committee’s review.
- Students who receive a deficient (D) or failing (F) grade for any discipline or competency are referred to the SPCC. Subsequent remediation is determined by the SPCC.
- Another face-to-face feedback session is required of each coordinator with their assigned students at this time. This provides an opportunity for review of attending grades, competency grades, and written feedback that will be included in the summative evaluation of the student.
- 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 in the Medical Student Affairs handbook.

Medical Student Duty Hours
- The following policy for SSOM Medical Student Duty Hours is based upon the ACGME duty hour requirements for residents:
  - Duty hours are defined as all clinical and academic activities related to the medical education program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
It is both the responsibility of the supervising faculty and each medical student to ensure compliance with the restrictions below so a student does not violate the medical student duty hours as defined by this policy.

If a student chooses to disregard faculty recommendations regarding this policy or willingly chooses to not follow the duty hours policy as outlined, their actions may be reflected in their professionalism grade assigned to them by their respective LIC Campus Coordinating Committee.

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

**Duty Hours & On-Call Activities**

• **In-house call** is defined as those duty hours beyond the normal work day, when students are required to be immediately available in the assigned institution. In-house call must occur no more frequently than every third night, averaged over a 4-week period. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Students may remain on duty for up to 4 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care. No new patients may be accepted after 24 hours of continuous duty.
At-home call (or pager call) is defined as a call taken from outside the assigned institution. The frequency of at-home call is not subject to the every-third-night limitation. At-home call (FARM), however, must not be so frequent as to preclude rest and reasonable personal time for each student. Students taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

When students are called into the hospital from home, the hours students spend in-house are counted toward the 80-hour limit. The course or clerkship director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

Pillar 2 Policies

Attendance and Leave Policy

- Attendance is mandatory for all clerkship activities
- Excused absences require prior approval two weeks in advance of the requested date and completion of an Absence Request Form which is found on D2L under the Forms module.
- The Campus Dean (or designee) will address absences or needed changes in call or the schedule due to illness or emergency on an individual basis. Unexcused absences will be reported to the Campus Dean’s office and may necessitate review by the Student Progress and Conduct Committee (SPCC). Punctuality is essential, expected, and part of the professionalism competency.
- It is the student’s responsibility to notify the attending and Education Coordinator of any absence.
- 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.

Holidays

- During Pillar 2, students are granted the following 6 holidays*:
  - New Year’s Day
  - Memorial Day
  - Fourth of July
  - Labor Day
  - Thanksgiving Day
  - Christmas Day
  - *Note that when a holiday falls on Saturday or Sunday, vacation is observed on Friday or Monday, respectively.
- Also note that there are some holidays when the SSOM offices are closed, but Pillar 2 students DO NOT get the day off from clinical activities.
  - Martin Luther King Day
  - President’s Day
  - Columbus/Native American Day
  - Veteran’s Day
Vacation

- 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.
- Vacation requests during Student-Centered Learning (SCL) must be made at the time of the SCL schedule request.
- In addition, leave cannot be used to eliminate a scheduled call day.
- Vacation time must be taken for missed SDL, or “white space”.
- Students are not required to make up holiday or vacation days.
- Students must complete an Absence Request Form (found on D2L in the Forms module) when planning time away and submit at least two weeks prior to leave.

Education

- 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 must complete an Absence Request Form (found on D2L in the Forms module) when planning time away and submit at least two weeks prior to leave.

Sick or Other Absences

- Absences during Pillar 2 due to personal illness and/or family crisis will be privately discussed between the student and the Campus Dean (or designee). Students are responsible for notifying their preceptors and the Education Coordinator immediately of the reason for absence and submitting an Absence Request Form (found on D2L in the Forms module) within 48 hours, proposing how they will choose to make up the missed clinical sessions or white space activities. A student may choose to use a vacation day to avoid making up a clinical activity missed due to personal illness and/or family crisis. If the absence is six half-days (3 full days) or longer, students must (a) submit a statement from their physician and (b) speak directly to the campus dean (or designee) to arrange to make up lost clinical time and experience, and (c) notify the Student Affairs Office.
- A prolonged absence from the mini-block experiences must be made up in an equivalent mini-block experience. This could be accomplished at later points of the year. An extended absence, due to emergency, health, or other circumstances during the LIC could be made up, at least in part, during the student’s unscheduled white space. Students may be granted, by action of their respective LIC Coordinating Committee, use of white space to compensate for up to three weeks of missed time, as long as no more than 50% of the available white space is used for this purpose. This does not pertain to students who have delayed taking USMLE STEP 1 due to academic difficulties as outlined in the Student Affairs Handbook. In addition, students who elect to make up time during the same academic year are expected to maintain satisfactory progress in all disciplines, SPEL reporting, history and physical exams, and other requirements of the LIC. The respective coordinating committee and campus dean, in consultation with the Dean...
of Student Affairs, reserve the right to adjust an individual remediation plan based on the student’s unique circumstances.

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

**Student Affairs Pillar 2 Policies**

- The following policies can be found in the Medical Student Affairs Handbook provided by Student Affairs: [https://www.usd.edu/medicine/student-and-faculty-handbooks](https://www.usd.edu/medicine/student-and-faculty-handbooks)

**Mid-Course and Mid-Clerkship Feedback Policy**

**Narrative Assessment Policy**

**SSOM Clinical Campus Winter Weather Policy**

**Clinical Supervision Policy**

**Student Mistreatment Policy**

**Procedure for Reporting Student Mistreatment**

**Teacher/Learner Responsibilities & Mistreatment**

**Confidentiality Policy (excerpts from Confidentiality Policy signed by students)**

**Non-Involvement of Providers of Student Health Services in Student Assessment Policy**

**Services for Students with Disabilities**

**Recommended Reading and Resources**

- **Point-of-Care, Evidence Based Medicine, and Electronic Resources**
  - The links below offer SSOM students free access to many resources. Students are encouraged to review these links before purchasing books or electronic media.
  - UpToDate® - not available through USD libraries; most of the hospitals and clinics have access
  - Dynamed® - access via the USD Libraries at the following links:
    - USD Research Gateway online [http://www.usd.edu/library/research/](http://www.usd.edu/library/research/)
    - Mobile access instructions [http://libguides.usd.edu/mobilemed](http://libguides.usd.edu/mobilemed)
  - ClinicalKey® - access via the USD Libraries at the following link:
    - USD Research Gateway online [http://www.usd.edu/library/research/](http://www.usd.edu/library/research/)
  - Access Medicine® - includes Harrison’s Medicine and the Current series for all disciplines
    - USD Research Gateway online [http://www.usd.edu/library/research/](http://www.usd.edu/library/research/)
    - Mobile access instructions [http://libguides.usd.edu/mobilemed](http://libguides.usd.edu/mobilemed)

- **Family Medicine**
  - Family Medicine, Ambulatory Care, and Prevention, 6th Edition, Smith, Shimp, Schrager
  - American Family Physician Clerkship; students will be asked to download the AFP by topic app to access these topics and articles.

- **Internal Medicine**
- Neurology
  - Kochar’s Clinical Medicine for Students, 5th Edition
  - Internal Medicine Essentials for Clerkship Students 2, ACP and CDIM Neurology
- OB/GYN
  - APGO Website for question bank / review questions
  - Simulation PC training for OB Scenarios available at OB/ GYN Dept. Ask Cindy Heald for assistance logging on to computer.
- Pediatrics
  - List of diagnoses for general and specialty pediatrics available in D2L
  - UpToDate Articles:
    - Assessment of the Newborn Infant
    - Evaluation and Management of fever in neonate and infants <3 mo
    - Congenital Heart Disease in the newborn
    - Pediatric Physical Exam
    - Fever Without a Source in 3-36 month old infants
    - Standard Immunizations for children and adolescents
    - Clinical Assessment and diagnosis of hypovolemia in children
    - Treatment of hypovolemia in children
    - Oral Rehydration therapy
    - Common Cold in children–features/diagnosis/treatment/prevention
    - Overview of seizures in pediatrics
    - Overview of the causes of limp in children
    - Suspected heart disease in children and adolescents
    - Approach to the child with anemia
    - Screening tests in children and adolescents
    - Developmental–Behavioral surveillance
    - Etiology and evaluation of failure to thrive in children < 2 years
    - Septic shock: Rapid recognition and initial resuscitation in children
    - Approach to the child with headache
    - Clinical assessment of the child with suspected cancer
    - Evaluation of dizziness in children and adolescents
    - Approach to the child with occult toxic exposure
    - Evaluation of hypertension in children and adolescents
    - Constipation in children: Etiology and diagnosis
    - Natural history of asthma
    - Acquired hypothyroidism in childhood and adolescence
    - Genetics and clinical presentation of classic congenital adrenal hyperplasia due to 21- hydroxylase deficiency
    - Pathogenesis and etiology of unconjugated hyperbilirubinemia in the newborn
    - Acute liver failure in children: Etiology and evaluation
• Clinical features and diagnosis of inflammatory bowel disease in children and adolescents
• Evaluation of the child with joint pain or swelling
• Evaluation of sore throat in children
• Etiologies of fever of unknown origin in children

• Psychiatry
  o The Pocket Guide to the DSM-5(TM) Diagnostic Exam

• Surgery

General Reading Guidelines

• Regular reading is a key part of lifelong learning.
• Reading, preferably on a daily basis, is an important part of preparation for your shelf exams this year and for Step 2 next.
• Paced reading that is tied to patients or cases will stick with you longer than rote reading of chapters in a random text book.

Reading Options to Consider:

• Read daily on at least three topics, 15-20 minutes for each. These topics may be related to learning issues or patients encountered in the clinic or hospital.
  ▪ Option 1 - Read from quality texts such as those suggested by the departments (see handbook section on Recommended Reading).
  ▪ Option 2 - Purchase or access the “Current Medical Diagnosis and Treatment” for each of the major disciplines. These are available online through the library, but many prefer the paper or e-reader versions. Recommend print date within the past two years.
• Complete 5 board-type questions daily in one of the seven major disciplines (internal medicine, family medicine, pediatrics, psychiatry, surgery, OB, neurology). A recommended resource for these questions is USMLE World or Online Med Ed, though there are many others. Again, the library databases include Exam Master, which would be another source for questions.

• Additional Tips
  o Don’t read exclusively from Up-To-Date. While this is a wonderful evidence-based resource, many of the topics are focused on point-of-care. Thus, the background and detail which are important when first learning about a topic may not be included.
  o Don’t read exclusively from board question books. Again, the level of detail is not there. These books serve as an excellent supplement and can help identify knowledge gaps, but they should not be your only source of reading.
  o If you are concerned about covering each discipline equally, photocopy the Table of Contents from your major reading sources. As you cover a topic, make a check by that topic in the respective table of contents. As the year progresses, you may want to focus some of your reading on the areas with fewer check marks. When you finish a topic, you should have a basic understanding of symptoms/presentation, management, and prognosis.