UNIVERSITY OF
SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

Pillar 2 Student Handbook
Class of 2028

2026-2027

Revised 09-10-26

Table of Contents

Table of Contents **1**
Welcome **4**
Contact Information **5**
Competencies Link **5**
Class of 2028 – Pillar 2 Calendar (2026-2027) **5**
Overview of Pillar 2 ..... **5**
Longitudinal Integrated Clerkship (LIC) 5
Hospital Rounds 5
Independent Learning 6
Continuity Patients 7
Knowledge Gaps 8
Student Supporters 8
Professionalism 8
Electronic Medical Records (EMR) 10
Pillar 2 Requirements **12**
Clinical Documentation 14
Observed Encounter (OE) 16
Online Cases 16
Pediatrics Online Learning 17
Student Patient Experience Log (SPEL) 17
Objective Structured Clinical Examination (OSCE) 19
BLS & ACLS 20
Triple Jump Exercise 20
Journal Club 21
Small Groups - D2L Small Group link 21
Healthcare Quality Improvement Project (HQIP) 22
Palliative Care Workshop 22
VITALS 22
Clinical Ethics Course 23
Radiology Course 23
Cultural Immersion Course 24
Grand Rounds 24
Medical Student Duty Hours Policy Link 24
Call, Overnight Shifts, and ER Shifts **24**
Yankton – ER On-Call Shifts 25
Sioux Falls – OB and Surgery Shifts 25
Rapid City – OB, Surg, IM Call, Night Shifts, Resident Rounds, and Urgent Care Shifts 26
FARM Call 27
Pillar 2 Assessment **27**
Pillar 2 Grades **28**

Grade Breakdown 29
Examinations 32
Requirements for Advancement, Graduation, Dismissal Policy Link 34
Pillar 2 Evaluations by Student 34
Medical Student Inclement Weather Policy Link 34
Holidays 34
Vacation 35
Wellness 35
Education 36
Travel Reimbursement Procedure for OSCE, NBME Exams and Cultural Immersion 36
USMLE Performance Policy Link 37
Liability Coverage for USD SSOM Medical Students 37
Medical Student Affairs Policies Link 38
Health Affairs Policies 38
Recommended Reading and Resources 39
General Reading Guidelines 41

WELCOME

Dear Pillar 2 Students,

It is with great excitement that I welcome you to Pillar 2. The long hours you have put in during Pillar 1 to create your foundation of basic and clinical science knowledge now transition to the clinical arena, where you will develop career long skills to successfully take care of patients. The journey you are about to embark on has been diligently worked on by numerous USD Sanford School of Medicine faculty and staff to develop the best educational experience for you. Our goal is to provide you with a sound foundation in clinical medicine to prepare you for Pillar 3, residency, and eventually, life as an attending physician.

The Pillar 2 curriculum focuses primarily on learning the seven core disciplines through ambulatory training in the Longitudinal Integrated Clerkship (LIC). The LIC emphasizes that learning should be "relationship-based," "longitudinal," and "integrated."[1] These driving concepts behind the LIC allow you to acquire clinical knowledge in a way that provides for better retention and retrieval of medical knowledge as you prepare for USMLE Step 2 exams, Pillar 3, and most importantly, your post-graduate clinical training and practice. Within the LIC, you will also gain exposure to inpatient and subspecialty medicine.

We at the school are confident that the LIC will not only develop your clinical skills but also help you develop accountability in your learning. Navigating the seven core disciplines through scheduled experiences, self-directed learning time, and working with continuity patients will be a new challenge but one we are confident you will excel in. Campus leaders and LIC faculty will take note of your attendance, participation, and involvement with the curriculum. Exhibiting outstanding professionalism is our expectation and will be essential to your learning process. Devoting your full energy and interest to each experience is paramount to your continued learning. The quality of education you receive in Pillar 2 will not only depend on the quality of teaching we provide you, but also on the amount of energy you put into this learning experience. Cherish new learning opportunities and experiences as they will help you not only excel academically but also as a clinician one day.

We at the school are excited for you to start becoming the physician you envisioned when you started this journey. Work hard, care for people, have some fun and reach out if there is anything we can do to help during Pillar 2.

Sincerely,

Alan Sazama, MD
Pillar 2 Director (March-May 2026)
Assistant Dean of Medical Student Education

Stephen Neabore, MD
Pillar 2 Director (June 2026-February 2027)
Assistant Dean of Medical Student Education

[1] Hirsh, D. and Poncelet, A. (2015). Longitudinal Integrated Learning: The Science and the Patients. Presented October 8, 2015 at CLIC Conference 2015.

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Contact Information

- The current contact list can be found in the CO 2028 Pillar 2 D2L shell.

Competencies Link

Class of 2028 – Pillar 2 Calendar (2026-2027)

- The current calendar can be found in the CO 2028 Pillar 2 D2L shell.

Overview of Pillar 2

Longitudinal Integrated Clerkship (LIC)

- The LIC is a curricular structure in which medical students:
  - Participate in the comprehensive care of patients over time.
  - Have continuing learning relationships with these patients' clinicians.
  - Meet the majority of the year's core clinical competencies through these interleaved experiences across multiple disciplines.
- The LIC forms the bulk of the Pillar 2 clinical experience and provides the foundation for students' clinical skill development.
- The majority of the LIC occurs in the ambulatory care environment.
- Each student and each campus will have a slightly different LIC schedule. These variations result from efforts to optimize the schedule for the specific discipline, faculty preceptor, and clinical learning environment. The Office of Medical Education carefully monitors these inter-campus differences to ensure comparability in the educational experience.
- Each campus education team will share details regarding students' specific LIC schedules during the campus-specific orientation.

Hospital Rounds

- In addition to the assigned ambulatory experiences throughout the year, students are expected to participate in hospital-based activities. Students should complete hospital rounds on hospitalized continuity patients, such as post-operative patients or postpartum patients and their newborns, daily. These rounds should include at least one weekend day if hospitalized over the weekend.

- Hospital rounds are typically conducted in the morning. 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. Students may need to arrive at the hospital early, often an hour before scheduled rounds, to meet these expectations. Please check with the attending regarding these expectations.

Independent Learning

- Independent learning (IL) is a critical element of the LIC curriculum and a skill necessary for lifelong learning. Students have approximately 2 half days each week during which they are not pre-scheduled in the clinic or operating room. To make the best use of this time, we strongly encourage students to consider the following uses of IL:
    - Follow continuity patients.
    - Pursue areas of clinical interest. Whenever possible, such activities should involve more than simply observing patient care with a subspecialist but rather active participation in the clinical work.
    - Attend grand rounds and other local educational sessions.
    - Complete Pillar 2 requirements and/or general reading/studying. (Note: General studying may be the least effective use of IL time. Reading is critical but better done on a scheduled basis during evenings and weekends.)
    - Work on scholarly activity, including research projects, Journal Club preparation, Clinical Ethics course work, Radiology course work, Cultural Immersion course work, Scholarship Pathways projects (if enrolled), FARM Community Projects, VITALS videos, etc.
- Previous students and faculty members have found that students may best organize IL as follows:
    - First Semester
        - Focus on establishing continuity patients – see next section for details.
        - Focus on completing Pillar 2 requirements, including SPEL, online cases, clinical documentation, VITALS, etc.
    - Second Semester:
        - Continue to focus on continuity patients and Pillar 2 requirements.
        - Consider utilizing roughly 2/3 of the time to study, focusing on clinical knowledge needed for clinical experiences, as well as examination preparation.
- Campuses may require events at their discretion during independent learning.
  IL can be used to exchange with a scheduled clinic for professional reasons. Discuss this with the respective LIC attending and the campus education coordinator before the switch.
- IL is ***not*** ***a*** vacation or free time. Therefore, students should not move clinic days or half days to create IL as vacation time. Prior approval through submission of an absence request form is required for any time away from patient care or educational activities.
- 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 during IL.

- If a student does not make satisfactory progress in their Pillar 2 requirements as judged by the campus advising committee, the campus dean and education coordinator may assume responsibility for directing/planning the student's IL.

Continuity Patients

- Through Pillar 2, students must identify a group of continuity patients who they will follow more closely throughout the year. A student sees these patients through at least three clinical encounters, so they are best identified early in the year to facilitate close follow-up.
- Continuity patients may be identified in inpatient or outpatient settings throughout the year. Examples of continuity patients include:
    - A patient with polytrauma encountered during a surgery experience who requires multiple surgeries and follow-up appointments.
    - A pregnant patient encountered during obstetrics clinic and her newborn after delivery.
    - An elderly patient encountered during the Internal Medicine clinic diagnosed with cancer and undergoing chemotherapy.
- **Students should identify 4-5 continuity patients in each discipline, totaling at least 28 patients by the end of the second semester.**
    - Some of these student-patient relationships will involve numerous meaningful encounters during the year.
    - Students should follow their continuity patients by attending their patients' surgeries or deliveries or accompanying them to outpatient appointments.
    - By choosing what healthcare encounters to attend with their continuity patients, students will have opportunities to direct their learning and pursue areas of individual interest.
- Leaving a scheduled LIC clinic may be necessary for students to attend an appointment or procedure for a continuity patient. Students should inform their clinic preceptor and arrange to make up clinic absences during their independent learning time.
- Students should designate it as a continuity patient encounter when entering a continuity patient encounter in Student Patient Experience Log (SPEL). This will happen on or after the third clinical encounter.
- Each clinical site has its own method to help facilitate the connection students may have with their continuity patients. For example, some electronic medical records allow students to add their names 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 their campus and take every advantage to be involved in the care of various patients across the core disciplines in Pillar 2.

Knowledge Gaps

- Identifying and addressing learning gaps is a critically important skill for lifelong learning. Identifying learning issues can help students direct their 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 and present the findings at the subsequent clinical encounter with their preceptor.
- One or two learning issues are appropriate for a two to four-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 Supporters

- While in Pillar 2, students will have multiple faculty and staff members available for educational and career counseling and support.
    - Campus Team
        - Campus Dean
        - Pillar 2 Advisors
        - Education Coordinators
        - Education Assistants
    - Pillar 2 Administration
        - Clerkship Directors
        - Pillar 2 Director
    - SSOM Administration
        - Dean of Medical Student Affairs
        - Associate Dean of Faculty Affairs Associate Dean of Medical Student Education
        - Chief Wellbeing Officer
        - Dean of Medical Student Education
        - Medical Education Learning Specialist

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, other health professionals, staff, and themselves.
- As a medical school, we emphasize the following professional behaviors:
    - **Altruism** - Physicians subordinate their 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 among 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 know their 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 learning, and commit to spreading and advancing knowledge.
        - Set and actively work toward personal goals.
    - **Leadership** – Physicians advocate for the profession and promote the development of others.
- Students will be assessed regularly by their LIC attendings and campus advising committees based on the behaviors listed above.
- Professional and Unprofessional Behavior Report Forms can be found in D2L or on the medical school portal found under *Forms*.
- Dress Code:
    - Students should be aware the clinical sites may have specific guidelines regarding facial hair, tattoos, piercings, etc. If specific accommodations are needed, the student will work directly with the Office of Medical Student Affairs.

- 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 department (ED) but should NOT 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.

Electronic Medical Records (EMR)

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

Access

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

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

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

Student Personal Medical Records

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

Release of Medical Information

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

Student-Generated Records

Records generated by a student as a result of course requirements or as part of patient care may or may not become part of permanent hospital or clinic records. Efforts should be made to remove patient-identifying information from any copies, printouts, or electronic media storage kept by the student, used by the student for presentations or other patient care purposes, or transmitted to SSOM faculty and staff. Patient-identifying information includes names, social security numbers, patient ID numbers, birth dates, initials, location or date of service, and attending physician's names or initials. If patient-identifying information is necessary for patient care or medical education purposes, attention must be paid to patient confidentiality concerning storage and carrying of records. When no longer needed, any records containing patient-identifying information should be destroyed using a paper shredder or another appropriate method of permanent destruction.

Student Patient Encounter Log (SPEL)

Maintaining patient encounters in a student database is a requirement of the medical education program. SPEL entries should not include patient names, initials, date of birth, or other identifying information.

Verbal communication

Verbal communication is an essential part of patient care as well as the learning process, and should follow these professional guidelines:

1. Verbal communication with the patient should occur under the supervision of medical school faculty, though faculty presence may not be required.
2. Verbal communication with the patient's family members should be with patient consent.
3. Verbal communication regarding a patient should only be done in the appropriate setting and with individuals involved with the care of the specific patient.
4. Discussion of the patient as part of the education process should be conducted in an appropriate educational setting and a professional manner.

Electronic Transmission

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

Disposal

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

Pillar 2 Requirements

- **All Pillar 2 requirements due in each semester must be submitted by 5:00 PM local time as communicated by the assessment calendar. Please refer to the calendar in D2L for specific dates.**
- **First semester requirements for SPEL are 92 clinical and 42 procedural logs. Ideally, students will have also logged 8-10 continuity patients.**

#	History & Physical – New Patients
3	Family Medicine Rural Preceptorship
4	H&P – Family Medicine
4	H&P – Internal Medicine (2 inpatient, 2 outpatient)
4	H&P – Neurology
4	H&P – OB/GYN*
4	H&P – Pediatrics**
4	H&P – Psychiatry***
4	H&P – Surgery
31	**Total History & Physicals**
#	**Progress Notes (SOAP/APSO Notes) – Established Patients**
4	PN – Family Medicine
4	PN – Internal Medicine
4	PN – Neurology
4	PN – OB/GYN * (Using Required list)
4	PN – Pediatrics
4	PN – Psychiatry***
4	PN – Surgery
28	**Total Progress Notes (SOAP/APSO Notes)**
#	**Observed Encounters**
5	OE – Family Medicine (3 in Family Medicine Rural Preceptorship)
2	OE – Internal Medicine
2	OE – Neurology
2	OE – OB/GYN
2	OE – Pediatrics
2	OE – Psychiatry
2	OE – Surgery
17	**Total Observed Encounters**

#	**Online Cases**
7	Aquifer Online Cases (Due in Rural Family Preceptorship)
7	Sketchy - Family Medicine (Due in Rural Family Preceptorship)
7	Sketchy – Internal Medicine
7	Case X Modules – Internal Medicine
4	Case X Modules – OB/GYN
1	Case X Modules – Psychiatry (Any case)
12	Case X Modules – Surgery
45	**Total Online Cases**
#	**Pediatrics Online Learning**
ALL	All Online MedEd pediatric videos under the Clinical Sciences tab
#	**Other Activities**
396	Student Patient Experience Log (SPEL)
2	OSCE (1 Formative & 1 Summative)
2	BLS & ACLS Training
2	Triple Jump Exercises
1	Journal Club as assigned by the campus
2	Small Group as assigned by the campus
2	HQIP Workshop
1	Interdisciplinary Palliative Care (IPC) Workshop
#	**1-Credit Courses**
1	VITALS
1	Clinical Ethics
1	Radiology
1	Cultural Immersion
#	**Grand Rounds**
5	Grand Rounds/Conferences of Student Choice

*Ob-Gyn: H&Ps and progress notes must be done on encounters with the following problems: Abnormal Uterine Bleeding, Infertility, Menopause, Contraception, Amenorrhea, Urogynecology Condition, Lower & Upper Genital Tract Infections, Hypertensive Disorders in Pregnancy, Diabetes in Pregnancy, Genetic Disorders in Pregnancy, Congenital Disorders in Pregnancy, Preterm Labor / Preterm Rupture of Membranes, pelvic pain, ovarian masses.

**Pediatrics: H&Ps must include growth charts. Pediatric H&Ps and progress notes may be done during Family Medicine clinical experiences. Sioux Falls students will be expected to complete all H&Ps inpatient (please see ICE week handbooks).

***Psychiatry: The required notes must be completed for encounters covering the following diagnoses: anxiety, mood disorder, substance use disorder and thought disorder. H&Ps must use the specific Psychiatry form provided in D2L.

Campus Benchmarks

- All campuses will use a benchmark system to ensure the timely completion of Pillar 2 requirements by all students. Students will be expected to complete the following within 1 week of notification. Failure to complete the below will result in an automatic professionalism report. Missed deadlines will result in the following remediation efforts:
    - First missed benchmark deadline: The student will meet with their Education Coordinator (Rapid City, Sioux Falls, and Yankton) or the Assistant FARM Director, with monitored self-directed learning time and a formal written plan for completion of the next set of benchmarks.
    - Second missed benchmark deadline: The student will meet with the Campus Dean or Associate Dean of Rural Medicine & the Chief Well-being Officer to review their formal written plan.
    - Third missed benchmark deadline: The student will meet with the Pillar 2 Director.
    - Fourth missed benchmark deadline: A professionalism report will be filed with the Office of Medical Student Affairs.
    - Benchmarks do not reset each semester.
    - The formal written plan must be completed, signed by appropriate leadership, and turned into the Educator Coordinator within 3 weeks of the missed benchmark; a professionalism will be filed if not completed within the stated timeline.

Clinical Documentation

- Creating and managing clear, concise, and thorough clinical documentation is a critical skill. Through Pillar 2, students will build on their introduction to clinical documentation in Pillar 1 through formal and informal clinical documentation assignments.
- With the guidance of their LIC preceptors, students should regularly create clinical documentation and seek feedback on their daily notes.
- In addition to the routine documentation completed as part of clinical experiences, students must submit documentation for formal assessment.
- General principles for all clinical documentation requirements:
    - Following a patient work-up, the student should present the case 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 assessment.

    - Students should demonstrate their clinical reasoning within the presentation and written note, particularly within the assessment and plan section.
    - No identifying patient information should be included, such as name, birthdate, and patient ID numbers.
    - The assessment forms for these notes can be found in the Pillar 2 D2L shell in the Note Templates module. Students should provide a printed copy of the assessment form to their attending with each presentation.
    - Once completed and signed by the attending, the student must submit the note to the campus education team for credit. These will not be counted until all requirements are present in the note and they are submitted in the manner required by the student's specific campus. (This means the inclusion of growth charts or other required elements.)
- Students are encouraged to space their documentation completion throughout the year. If documentation requirements are completed early in each semester, students are still expected to continue practicing documentation skills as often as possible within their clinical experiences.
- First-semester documentation requirements:
    - These notes must be student-generated in Microsoft Word or similar without copying/pasting or printing from the EMR**.** This process is intended for students to build a foundation of good note-writing skills independent of aids contained within EMRs.
    - 17 complete history & physicals (H&Ps) – 2 per discipline + 3 during FM Rural Preceptorship
    - 14 progress notes (SOAP/APSO notes) – 2 per discipline
    - **All H&Ps and progress notes required for the semester must be completed, assessed by an attending (or resident with a faculty appointment), and submitted to the campus education coordinator by 5:00 PM local time as indicated on the calendar and communicated by campus & OME staff. Benchmarks are in place to assist with completing notes on time.**
- Second-semester documentation requirements:
    - 14 complete history & physicals (H&Ps) – 2 per discipline
    - 14 progress notes (SOAP/APSO notes) – 2 per discipline
    - These notes may be student-generated in Microsoft Word or completed within the EMR if allowed by the attending and facility. The attending may assess the note within the EMR. (Students should refrain from printing protected patient information and thus only need to turn in the assessment form to the education coordinator.)
    - If a student is placed on monitored academic status related to first-semester performance, they may be required to continue a similar process of turning in Microsoft Word-based documentation during the second semester.
    - **All H&Ps and progress notes required for the semester must be completed, assessed by an attending (or resident with a faculty appointment), and submitted to the campus education coordinator by 5:00 PM local time as indicated on the calendar and communicated by campus & OME staff. Benchmarks are in place to assist with completing notes on time.**

- Campus education coordinators and/or faculty preceptors may require students to revise and resubmit unsatisfactory notes.
- Failure to complete and submit the required clinical documentation by the deadlines in each semester will be reflected in the discipline-specific grade and/or professionalism competency.

Observed Encounter (OE)

- Students must complete an observed **problem-focused history and physical or mental status exam** in each core discipline during each semester.
- OE process:
    - The student and their preceptor should plan the encounter, so both know that an OE is being completed.
    - It is expected that the attending the student is working complete the OE. Any person with a USD faculty appointment can complete the OE with the student (e.g., residents, attendings, APPs). Upon completion of the encounter, the preceptor should provide verbal feedback.
    - The student must generate an OE assessment form through One45 through which the attending will complete their written assessment. (If the student fails to send this form through One45, the preceptor has no means for documenting completion of the OE and providing an assessment.)
- **One OE must be completed in each discipline each semester (for a total of 7 OEs in the first semester and 7 OEs in second semester).** The first semester observed encounters comprise a completion grade within each discipline (S/U), while second-semester scores will contribute to the overall Patient Care competency grade. This requirement is in addition to the three required observed encounters during the Family Medicine Rural Preceptorship.
- Campus education coordinators and department assistants will collaborate to ensure that OE assessment forms are submitted by the deadline.
- **Observed encounters for each semester must be submitted in One45 by the due date communicated on the assessment calendar by 5:00 PM local time to allow time for attendings to complete the assessment before calculating final grades. OEs submitted after this time will be considered late, and the grade may be impacted.**

Online Cases

- During Pillar 2, forty five online cases from the Aquifer, Sketchy and OnlineMedEd Case X platforms are required.
- **Aquifer/Sketchy Cases**
    - Fourteen cases must be completed by the end of the Family Medicine Rural Preceptorship
    - To access Aquifer:

        - Students will receive an email from Aquifer stating that they have been added to a custom course.
        - Go to www.aquifer.org and select "Sign In". Use your USD email and password set up when registering.
        - The custom course, Sanford School of Medicine – Pillar 2 Online Cases – Class of 2028, should be listed. This contains the Family Medicine cases. This link can also be found on D2L in the Pillar 2 course.
    - For any issues with logins, please refer to this link: https://www.aquifer.org/support/students. This link can also be found on D2L in the Pillar 2 course.
    - As part of independent learning, students can choose to reset the Aquifer cases and work through them again to enhance learning. If you reset a case:
        - Students should confirm with their Campus Education Coordinator that they have recorded the case completion. If the student does not confirm with the education coordinator and the case has not been recorded, the student 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 students should consider downloading the note if needed.
        - Case resets will show on Student and Faculty Reports.

- **OnlineMedEd Case X**
    - To access Case X:
        - Use the following URL: https://home.onlinemeded.org/
        - Click on "Log In" in the upper right corner and log in with your USD email. This link can also be found on D2L in the Pillar 2 course.
- Failure to complete is a professionalism issue and may result in an adjustment in the professionalism grade.

Pediatrics Online Learning

- All Online MedEd pediatric videos under the Clinical Sciences tab
- https://home.onlinemeded.org/
- **These must be completed by the due date on the assessment calendar and/or stated by campus education staff 5:00 PM local time.**

Student Patient Experience Log (SPEL)

- SPEL provides an ongoing record of a student's clinical experiences in medical school, which is necessary for the following:
    - Student self-assessment of the breadth and depth of their clinical experiences and validation of experiences to prepare students for the transition to residency.

- Campus advising committees' monitoring of individual student progress through the curriculum.
- SSOM's monitoring of clinical curricular experiences to ensure sufficient breadth and depth of content covered.
- Fulfillment of Liaison Committee on Medical Education (LCME) requirements for medical school accreditation

- SPEL begins a habit of logging clinical experiences that will be required through post-graduate training (residencies and fellowships) and potentially future practice.
- **What is a SPEL experience?**
  - Any meaningful interaction with a patient in which the student directly participates in patient care.
  - As long as each encounter is "meaningful" and occurs on a new day, students should log a new entry in SPEL. For example, if a student rounds for three days on a patient admitted for an acute myocardial infarction and writes a note for each day, this counts as three separate SPEL entries. Likewise, if a student sees a patient with diabetes in the clinic every three months for a total of three times, and they participate in each encounter, this is counted as three separate SPEL entries. Patient encounters like this may occur with hospitals, clinics, or continuity patients.
  - **Document patients in SPEL for any of the following examples:**
    - Performed an H&P and completed an assessment with a faculty physician
    - Participated in a medical procedure or surgery
    - Participated in obtaining a significant part of the history and/or performing the physical exam and/or:
      - Discussed the differential diagnosis or diagnostic plan
      - Contributed to the discussion of a management plan
      - Counseled a patient regarding the management plan
    - Performed post-operative/post-partum visit
  - **Do NOT document in SPEL for the following examples:**
    - Heard about another student's patient on rounds
    - Discussed a patient in Small Group
    - Listened to a patient present their story to a large classroom
    - Followed the assigned attending in a clinic or hospital but did not actively examine or participate in that patient's diagnostic or therapeutic plan
- **How do students log SPEL?**
  - SPEL is entered through a log-in One45.
  - 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 notecard and do their computer entry at the end of the day.
  - It is essential that students make this a habit to document their experiences daily to carry these habits into residency training and beyond as future physicians.
  - Within SPEL, there are both encounter (diagnosis) and procedure logs.

        - Some patients will be entered into SPEL simply as a diagnosis, e.g., a child with group A streptococcal pharyngitis.
        - Other patients may qualify as both a diagnostic encounter and a procedure, e.g., a patient with colon cancer undergoing a colon resection.
    - The patient's name, birthdate, or record number should not be entered into the log to protect confidentiality. 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.
    - Logging in SPEL should occur regularly throughout the entirety of Pillar 2. Once the student's requirements are met, continued logging in to SPEL demonstrates their continued engagement in the curriculum to the campus advising committee.
    - When choosing your level of participation your option will be to choose one of the below:
        - **Observe**: To observe is to be engaged in the patient encounter or procedure, but not taking a history, performing an exam, contributing to the determination of a diagnosis and management plan, or actively participating in a procedure.

        - **Participate:** To participate is to take an active role in the care of the patient or procedure. In the case of patient care, this should include one or more of the following activities: taking the medical history; performing an appropriate physical examination; and contributing to the determination of a diagnosis and management plan. In the case of a procedure, this should include one or more of the following activities: preparation for performing a component of the procedure; actually performing a component of the procedure with assistance from the attending physician or under the observation of the attending physician; or engaging in post-procedure activities.

- **Where do you find the SPEL requirements?**
    - Please refer to the documents on D2L in the SPEL module named *SPEL Requirements Items List and SPEL Requirements table*. The number of logs needed for each competency and items you can log that will count toward the competencies can be found here.

Objective Structured Clinical Examination (OSCE)

- Successful completion of the Objective Structured Clinical Examination is required for graduation from the USD Sanford School of Medicine. Therefore, participation in the formative and summative OSCEs is mandatory. Students will earn a pass or fail score. Students who fail will need to successfully remediate to move into Pillar 3.

- The OSCE consists of one formative (ungraded) examination and one summative (pass/fail) examination that are held throughout the year.
- In each examination, students perform a series of clinical encounters with standardized patients and then document their progress note reflecting the prior encounter. In addition to clinical cases, the OSCE also includes a skills station dedicated to x-ray interpretation, EKG interpretation, and/or identification of heart and lung sounds on the Student Auscultation Manikin (SAM) and a blended simulation case. Cases depict common and important symptoms and diagnoses taught during medical school training.

BLS & ACLS

- **Students must complete BLS (Basic Life Support) and ACLS (Advanced Cardiac Life Support) training during their Pillar 2 experiences.**

Triple Jump Exercise

- In this activity, individual students work through a case with a faculty facilitator to assess the student's communication, critical thinking, and diagnostic reasoning skills.
- Students must develop a differential diagnosis, identify knowledge gaps, and find appropriate resources to address those gaps in answering the clinical questions.
- The activity is structured as follows:
    - STEP 1: PROBLEM DEFINITION (Student with faculty facilitators.)
        - The student is presented with a new clinical problem in a brief written scenario.
        - The student identifies initial hypotheses, obtains an appropriate history and physical exam, and requests necessary labs or imaging to determine a final diagnosis.
        - The student reviews patient management using existing medical knowledge.
        - The student identifies learning issues for Step 2 of the exercise.
    - STEP 2: INFORMATION SEARCH (Student with a faculty facilitator.)
        - The student prioritizes questions and research answers.
        - The student applies new knowledge to the clinical scenario.
        - The student prepares a synthesis of the identified learning issues.
    - STEP 3: SYNTHESIS (Student with Facilitator)
        - The student reports on progress.
        - The student synthesizes the new knowledge gained in Step 2.
        - The student reviews with the facilitator their time management during Step 2, resources accessed, and information gained.
        - Based on new knowledge, the student modifies or changes the hypotheses and management plan from Step 1 as needed.
        - The facilitator and student discuss the student's performance using the One45 Assessment of Triple Jump Exercise.
- Students will complete oneTriple Jump each semester. The campus education team will schedule these activities.

- Typical cases include scenarios such as a child with a fever or an adult with a headache. There may also be ethical issues involved.
- Upon completing any Triple jump activity, students should leave (if in-person) or destroy (if on Zoom) all forms and documents, except their notes.

Journal Club

- Journal Club is an essential tool for developing critical thinking skills used in residency training and beyond**.** Journal Club aims to:
    - Promote professional development
    - Update students on current literature
    - Disseminate information about best practices
    - Ensure that professional practice is evidence-based
    - Provide an opportunity to learn and practice critical appraisal skills
    - Provide a time for collegial interactions
- Building upon Pillar 1, students will be tasked with presenting at least one journal club and actively participating in all others. Faculty facilitators will guide the sessions. Attendance is required, unless previously excused. Failure to attend will result in a professionalism report.
- Briefly, the student presenter will utilize a real-life clinical question to develop and present a PICO question (patient, intervention, comparison, and outcome).

Small Groups - D2L Small Group link

- Designed much like patient-based learning sessions in Pillar 1, Pillar 2 small groups focus on the process of developing, researching, and reporting on learning issues to improve knowledge retention. Small groups are designed to develop strong communication, teamwork, and critical thinking skills.
- Student small group sessions are scheduled regularly on each campus, but the specific schedule varies by campus, and students will be notified by their campus education team.
- The groups are typically 5-6 students and one faculty facilitator.
- Faculty facilitators may include basic science or clinical faculty. They are often working outside of their specific area of expertise and thus, serve as a guide for the group's process. Faculty may only briefly step out of the facilitator role to offer comments or advice.
- Session Structure
    - Patient presentation
        - A student will choose to present a patient they have seen.
        - The history of the present illness will be presented . Continuity patients can be used, but are not required. Students are allowed to teach about the case as they would like, but are expected to have an interactive session that engages other group members. Students are expected to attend and participate in all

sessions, unless excused. Failure to attend will result in a professionalism report.

- The facilitator will review interactions and complete an assessment of every small group member.
- Please reference the grading rubric and student small group handbook in D2L for additional information.

Healthcare Quality Improvement Project (HQIP)

- Students will participate in two **mandatory workshops**. Students who are not logged in for the **ENTIRE session** will have their overall grade impacted.
- Students attending both workshops in their entirety will receive a satisfactory grade.
- Only the Pillar 2 Director can excuse a student from HQIP for an essential conflict or illness. Students are expected to contact the Director as soon as possible and if excused, an alternative assignment will be given.
- Students who miss a session that was not previously excused will receive a zero "0" and their final grade will be affected. If a student misses a session in the 1st semester it will result in an unsatisfactory grade. The 2nd semester missed session will result in a 0%. HQIP is 50% of the SBP grade and a 0% will result in a failing grade.

Palliative Care Workshop

- The workshop aims to orient students to the dying process, highlight ways to improve end-of-life care for patients and families, and foster an understanding of and appreciation for the team approach to palliative care.
- Students will be required to participate in asynchronous educational modules (assigned mandatory sessions). Failure to complete the modules care participation will negatively affect the final 2nd semester patient care score. Please refer to the syllabus in D2lfor more information.

VITALS

- VITALS (Vital Instruction Through Academic Lectures and Seminars) is a 1-credit primarily asynchronous course designed to supplement the core clinical clerkship curriculum with a variety of additional topics around the following themes.
    - Diversity, Equity, and Inclusion in Medicine & Special Populations in Medicine
    - Communication in Medicine & the Art of Medicine
    - Societal Challenges
    - Foundational Medical Knowledge & Clinical Skills

First Semester – DUE August 10th, 2026	
Diversity, Equity, and Inclusion in Medicine	4 Logged Entries
Communication in Medicine & The Art of Medicine	6 Logged Entries
Societal Challenges	4 Logged Entries

Foundational Medical Knowledge & Clinical Skills	6 Logged Entries
Second Semester- DUE January 11th, 2027	
Diversity, Equity, and Inclusion in Medicine	4 Logged Entries
Communication in Medicine & The Art of Medicine	6 Logged Entries
Societal Challenges	4 Logged Entries
Foundational Medical Knowledge & Clinical Skills	6 Logged Entries

- See the VITALS module in D2L for further information.
- Students receive a completion grade (Satisfactory or Unsatisfactory) for VITALS. Missed deadlines will negatively impact the student's final grade. Missed semester due dates will result in 10% reduction each week that the missing items are not completed. This will impact the overall grade.

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.
- This 1-credit course is delivered during the second semester utilizing a mix of methods, including peer dialogue through in-person and online forums and independent reading and reflection.
- Further instructions and the course syllabus will be provided by the neurology department.

Radiology Course

- Radiology is a 1-credit course delivered during the first semester. It is designed to build upon introductory radiology concepts taught in Pillar 1.
- Course is a hybrid asynchronous format that includes the following two items.
    - Reviewing course PPT materials located on D2L the week of the designated lecture.
    - Live online Friday Zoom lectures at 2pm followed by Q&A sessions where students can ask questions and discuss images with radiologists.
- Students will be assessed with following 2 exams.
    - Open book midterm exam (12 question, 4 questions from each of the already given didactic lecture.)
    - Open book final exam (60 questions, 10 from each of the 6 didactic lectures given.)
- Expectations, grading, and requirements are located on the course syllabus located on D2L.
- Zoom lecture dates as well as Midterm/Final exam date information will be emailed from the department as well as located on the course syllabus.

Cultural Immersion Course

- Cultural Immersion is a 1-credit course in Pillar 2. Students observe and participate in a cultural community to better understand human situations.
- Students will participate in two mandatory speaker sessions, a visit to a Hutterite colony, and an immersion experience in a chosen cultural community. In addition, students will reflect on their experiential learning through a journal assignment, as well as a group poster presentation.
- Further details will be communicated by the course director (Dr. Tinguely) or assistant (Angie Tuffs) as the course nears.

Grand Rounds

- Each campus sponsors grand rounds and clinical case conferences in multiple disciplines. Participation in these sessions is an integral part of continuing professional development.
- Students are required to attend five grand rounds-type presentations over the entire year. Live sessions are preferred but recorded, or videoconference sessions may also be counted toward this requirement. Presentations must be from the current academic year as previous years' recordings will not be accepted.
- USD Grand Rounds schedules can be found on D2L under the Grand Rounds Module.
- Upon completing the session, students must log their attendance using the Grand Rounds Log in One45.
- If students have questions about the appropriateness of a session to complete this requirement, they should review the opportunity with their campus education coordinator.

Medical Student Duty Hours Policy Link

Call, Overnight Shifts, and ER Shifts

- In Pillar 2, all students are given opportunities to take call and/or overnight shifts. 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 and/or overnight shifts. It is also essential to understand and learn the expectations and rules of call and/or overnight shifts for each clinical campus. Duty hours should always be followed when participating in any weekday or weekend call and/or overnight shift experience.
- Yankton campus and FARM students are exposed to acute and urgent situations through their ER call shifts throughout their Pillar 2 experience. The goal of this experience is to increase students' exposure to acute illnesses or situations in order for them to gain the confidence needed to appropriately manage these conditions. Rural family medicine physicians are responsible for a wide variety of acute situations. This experience will give learners a taste of what it may look like to practice in rural locations and consider this as a future career option, in line with our school's mission.

Yankton – ER On-Call Shifts

- Students in Yankton will spend approximately one evening, 6:00 - 11:00 PM, every ten-twelve weekdays, and one weekend day approximately every 7-8 weeks from 9 AM – 9 PM, working with Emergency, Labor & Delivery, and Surgery Department providers.
- As in all aspects of the LIC, the on-call shift portion is student-centered, and the student is responsible for seeking out opportunities to learn skills in ED, Labor & Delivery, and Surgery. The student should first focus on the ED. If there are no patients in the ED, students may choose Labor & Delivery or Surgery opportunities. If there are no patients in Labor and Delivery or 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 shift student is responsible for notifying their classmate. Although this student then has the option of coming to the hospital to see and care for their patient, it is expected that this student will make this extra effort to see their patient.

Sioux Falls – OB and Surgery Shifts

- Sioux Falls OB Shifts
    - Students will complete four shifts during Pillar 2:
        - Shifts last 12 hours and may be worked either AM or PM
        - Night shifts are not required but are highly recommended when the student's schedule allows
    - Students must complete two required shifts during each semester.
    - Students should select their preferred shifts using the SignUp Genius link provided by campus staff.
    - Students will be present on the Labor and Delivery unit for the entire shift, in a laborist model. 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 the postpartum unit 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.
    - Shifts cannot be substituted for students' scheduled LIC clinic time or time spent in the OR with their attending.

- Sioux Falls Surgery Shifts
    - Students will complete four-night shifts with the on-call surgical services, which will include a patient's post-operative visit, follow-up assessment, and progress note.
        - Shifts will be a minimum of 12 hours with up to 4 hours of additional work to allow for rounding on post-op patients

- Students must complete all four required shifts during the same semester as their Inpatient Clinical Experiences (ICE weeks).
- Shifts must be scheduled back-to-back on consecutive Friday and Saturday nights.
- Students should select their preferred shifts using the SignUp Genius link provided by campus staff.
- All night shifts will be “in-house” for the consistency of student experiences
- Shifts cannot be substituted for students' scheduled LIC clinic time or time spent in the OR with their attending.

Rapid City – OB, Surg, IM Call, Night Shifts, Resident Rounds, and Urgent Care Shifts

Some night shifts are integrated into your ICE Weeks, on the Fridays of your ACS (Surgery) and Hospitalist (Internal Medicine) weeks (once per semester). Additional call and shifts (to include other night requirements) are as follows:

6 12-hour OB Shifts on L&D Floor:

- Three (3) 12-hour OB shifts, to include one (1) night shift, must be completed (outside of your normal, scheduled LIC shifts) each semester, to total Six (6) shifts, including two (2) night shifts, for all of Pillar 2. See your Benchmark requirements for exact dates. The OB form must be completed, signed by the eligible party, and turned into Teams to receive credit.

- You can complete this with your regular Attending or with anyone on call on the L&D floor.

- When reporting to the L&D floor, change into scrubs and put your name/affiliation on the board. Attend the 6:30pm huddle in the lounge and introduce yourself to the Charge Nurse. If working with laborist(s) on shift instead of your own Attending, introduce yourself and make it known you are there to be part of as many deliveries as you can.

- You do not have to complete all 8 hours at once – you can break it up. However, you will need to turn in forms for each shift, to still total 8 per semester/16 for all of Pillar 2.

Resident Rounds with the Family Medicine Residency:

- One (1) full day of rounds must be completed. This is due with your midterm Benchmark requirements. The RR form must be completed, signed by the eligible party, and turned into Teams to receive credit.

- These can be scheduled by sending an email to: fmresidency@monument.health; it will typically take some time to get a response back.

    - If for some reason you do not get a response within a few weeks, you can opt to just show up at the physician’s lounge at 10:30am and ask to do rounds with them in person

FARM Call

- FARM students will complete an average of one weeknight call every other week and one 24-hour weekend call shift 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.
- Call requirements begin in April for all students.
- There is no call requirement in January (as long as you have met your call requirements for the preceding months).
- At a minimum students should have 16 weeknight call shifts and 8 weekend shifts recorded in your activity logs by the end of the year. ***You are required to complete the monthly call requirement even after meeting the minimums.

Pillar 2 Assessment

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

Monthly Feedback

- Each month, a summary of the student's progress with feedback for improvement may be documented in One45 by the Pillar 2 advisor (or delegate). This can be viewed by the student in One45.
- Education coordinators keep records of extracurricular or other achievements that the advising committee may use to assess performance in the competencies.
- The Pillar 2 advisor is responsible for providing additional verbal feedback to the student if necessary.

Mid-Semester Feedback

- Students must receive face-to-face feedback at the mid-point of each semester.
- Students will be charged with leading a significant portion of this discussion through their self-assessment form in One45.
- Completion of required self-assessments will be reflected in the Practice-Based Learning and Improvement Competency grade. Self-assessments completed after the due date will be deducted 10% from the overall grade each week it is not completed (i.e., two weeks late= 80%). A score below 74.999& and below (i.e., 3 weeks late) will result in an unsatisfactory score.
- The specific meetings are:

- June (First Semester) & November (2nd Semester) – Before the face-to-face meeting, the student will receive a self-assessment form in One45, which must be completed ahead of the face-to-face meeting with their Pillar 2 advisor. Additionally, the student must bring the completed self-assessment to the meeting. The student and Pillar 2 advisor will review the student's self-assessment and discuss ongoing knowledge and skill development plans at the meeting. The student and the Pillar 2 advisor will receive a One45 form to confirm that this meeting occurred.

Pillar 2 Grades

- The following grading scale will be used for all coursework assigned a letter grade:
  - A = 90% – 100%
  - B = 80% - 89.999%
  - C = 75% - 79.999%
  - D = 60% - 74.999%
  - F = 59.999% and below
- For coursework graded on a satisfactory/unsatisfactory scale, any composite score at or above 75% is satisfactory. A composite score of 74.999% or below is unsatisfactory. Even if the composite score is above 75%, unsatisfactory scores on specific assessment components may require follow-up with a student's campus dean.
- A uniform assessment scale is used to provide a grading scheme for attending assessments, presentations, and other projects throughout Pillar 2.
  - 100% - Student met objective independently.
  - 92% - Student was able to meet the objective independently with minimal prompting by the attending/facilitator.
  - 84% - Student needed assistance to meet objective.
  - 76% - Student required significant assistance to meet objective; additional practice is needed to meet the expectations.
  - 68% - Student did not meet objective; student is performing well below the level of his/her peers and major concerns exist, significant remediation is required.

	Student did not meet objective.	**Student required significant assistance to meet objective.**	**Student needed some assistance to meet objective.**	**Student was able to meet objective independently without prompting by facilitator/attending.**	**Student met objective independently and exceeded the goal.**
Pillar 1	Does Not Meet Expectations (68% - C)	At Expected Level of Training (84% - B)	Above Expected Level of Training (92%- A)	Clearly Outstanding (100% - A)	
Pillar 2	Does Not Meet Expectations (68% - D)	Below Expected Level of Training (76% - C)	At Expected Level of Training (84% - B)	Above Expected Level of Training (92% - A)	Clearly Outstanding – (100% - A)
Pillar 3	Does Not Meet Expectations (60% - D)	Does Not Meet Expectations (68% - D)	Below Expected Level of Training (78% - C)	At Expected Level of Training (88% - B)	Clearly Outstanding – (100% - A)

- This scale represents the evolving expectation of continuous growth of medical students as they move throughout the SSOM Medical Program.
- Pillar 2 is administered in two distinct semesters to align with USD policies and procedures. The course credit breakdown is listed below with the corresponding grade scheme.

FIRST SEMESTER COURSES	CREDITS	GRADE		SECOND SEMESTER COURSES	CREDITS	GRADE
Family Medicine Clerkship I	2	S/U		Family Medicine Clerkship II	2	A-F
Internal Medicine Clerkship I	2	S/U		Internal Medicine Clerkship II	2	A-F
Neurology Clerkship I	1	S/U		Neurology Clerkship II	1	A-F
Obstetrics/Gynecology Clerkship I	2	S/U		Obstetrics/Gynecology Clerkship II	2	A-F
Pediatrics Clerkship I	2	S/U		Pediatrics Clerkship II	2	A-F
Psychiatry Clerkship I	1	S/U		Psychiatry Clerkship II	2	A-F
Surgery Clerkship I	2	S/U		Surgery Clerkship II	2	A-F
Patient Care I	2	S/U		Patient Care II	2	A-F
Medical Knowledge I	2	S/U		Medical Knowledge II	2	A-F
Practice-Based Learning & Improvement I	2	S/U		Practice-Based Learning & Improvement II	2	A-F
Interpersonal and Communication Skills I	2	S/U		Interpersonal & Communication Skills II	2	A-F
Professionalism I	2	S/U		Professionalism II	2	A-F
Systems-based Practice I	2	S/U		Systems-based Practice II	2	A-F
Radiology	1	S/U		VITALS	1	S/U
				Cultural Immersion Experience	1	S/U
				Clinical Ethics	1	S/U
Total Credits	26			**Total Credits**	27	

Grade Breakdown

First Semester Grades

- A satisfactory/unsatisfactory grade will be assigned for each discipline and competency.
- A satisfactory/unsatisfactory will be given for the Radiology course.
- Students will receive their grades in One45, including narrative feedback in each discipline and competency.

    - Narrative feedback in each discipline will come from the observed encounter in that discipline.
    - Narrative feedback for each competency will come from the student's Pillar 2 advisor, who will review other assessments and activities and monthly feedback and summarize the student's achievement in each competency.
- Any student receiving a deficient (unsatisfactory) grade will be referred to the Student Progress and Conduct Committee (SPCC). The SPCC determines subsequent remediation.
- If a student wishes to appeal their assigned grade for any course within Pillar 2, they should consult the *Medical School Grievance Procedures* section of the Medical Student Affairs Handbook.

<u>Second Semester Grades</u>

- A percent/letter grade will be assigned for each discipline and competency.
- Cultural Immersion, Clinical Ethics, & VITALS courses are satisfactory/unsatisfactory grades
- Students will receive their grades in One45, including final SSOM adjusted NBME subject exam scores and narrative feedback in each discipline and competency.
    - Narrative feedback in each discipline will come from the mid-year and end-of-year faculty assessment of student performance in that discipline.
    - Narrative feedback for each competency will come from the student's Pillar 2 Advisor, who will review other assessments and activities and monthly feedback and summarize the student's achievement in each competency.
- Any student receiving a deficient (D) or failing (F) grade for any discipline or competency will be referred to the SPCC. The SPCC determines subsequent remediation.
- If a student wishes to appeal their assigned grade for any course within Pillar 2, they should consult the *Medical School Grievance Procedures* section of the Medical Student Affairs Handbook.

The following table provides further detail about the components of each semester's grades:

CO 2028 Pillar 2 Grade Components by Semester

Course	1st semester - Satisfactory (S)/Unsatisfactory (U)	2nd semester - Graded (A, B, C, D, F)
All Clerkships 	• 1 observed encounter • documentation requirements Narrative from (1st semester) Observed Encounter	• 40% NBME subject exam (highest of 2 attempts) • 10% Medical Knowledge portion of 1st semester attending assessment • 10% Medical Knowledge portion of 2nd semester attending assessment • 10% Patient Care portion of 1st semester 1st semester attending assessment • 10% Patient Care portion of 2nd semester attending assessment • 20% Documentation requirement -Narrative from 1st & 2nd semester Attending Assessments
Patient Care 	• Patient Experience Log (92 clinical & 42 Procedures) • Continuity Patient experiences -Narrative from Coordinating Committee Advisor assessment	• 30% Patient Experience Log (Completion of SPEL) • 60% Observed Encounters (average of all 7 clerkships) • 10% Palliative Care Workshop -Narrative from Coordinating Comm. Advisor Assessments (2nd semester)
Medical Knowledge 	• CCSE (Passing at the 5th percentile)	• 80% CCSE Score 2nd semester •20% Grand Rounds -Narrative from Coordinating Comm. Advisor Assessments (1st semester & 2nd semester)
Practice-Based Learning and Improvement 	Passing score (>75%)Practice-Based Learning and improvement portion of 1st semester attending assessment (average of all 7) • Passing score (>75%) Triple Jump • Self-assessment -Narrative from 1st semester Coordinating Committee Advisor assessment	• 50% Practice Based Learning and improvement portion of 2nd semester attending assessment from all clerkships (average of all 7) • 30% Triple Jump exercise • 20% Self-assessment -Narrative from Coordinating Comm. Advisor Assessments (2nd semester)
Interpersonal and Communication Skills 	• Passing score (>75%) Interpersonal and Communication Skills portion of 1st semester attending assessment (average of all 7) • Small Group Activity -Narrative from 1st semester Coordinating Committee Advisor assessment	• 50% Interpersonal and Communication Skills portion of 2nd semester attending assessments from all clerkships (average of all 7) • 25% Small Group Activity • 25% Journal Club -Narrative from Coordinating Comm. Advisor Assessments (2nd semester)
Professionalism 	• Passing score (>75%)Professionalism portion of 1st semester attending assessment (average of all 7) • Passing score (>75%) Professionalism portion from Coordinating Committee Advisor assessment -Narrative from 1st semester Coordinating Committee Advisor assessment	• 50% Professionalism portion of 2nd semester attending assessments (average of all 7) • 50% Professionalism portion of Coordinating Committee Advisor assessment -Narrative from Coordinating Comm. Advisor Assessments (2nd semester)
System-Based Practice 	• Passing score (>75%) System-Based Practice portion of 1st semester attending assessment (average of all 7) • HQIP seminar- attendance mandatory -Narrative from 1st semester Coordinating Committee Advisor assessment	• 50% System-Based Practice portion of 2nd semester attending assessments (average of all 7) • 50% HQIP Seminar -Narrative from Coordinating Comm. Advisor Assessments (2nd semester)

Examinations

[Pillar 2 Comprehensive Clinical Science Subject Exam Testing (CCSE) Policy Link]

- Students are required to take the National Board of Medical Examiners (NBME) Comprehensive Clinical Science Subject Exam during the 1st and 2nd Semesters of their Pillar 2 year.
- Before the first administration of the CCSE for any cohort of students, the CCSE Examination Conversion Table will be provided in the Pillar 2 D2L shell.

NBME Subject Examinations

- Students are required to take the NBME subject exam in each of the seven disciplines twice during Pillar 2. Testing occurs over seven business days, with one exam daily in the morning. Exams may be rescheduled for the afternoon or held on two consecutive days due to weather, IT issues, or other unforeseen circumstances that may delay or prevent testing.

Day of week	Exam testing for Mid & End Year
1st Thursday	Internal Medicine
1st Friday	Surgery
Monday	Neurology
Tuesday	Psychiatry
Wednesday	Ob/Gyn
2nd Thursday	Pediatrics
2nd Friday	Family Medicine

- The highest of the two subject exam scores in the same discipline will contribute to the overall final discipline grade for the second semester.
- Students must achieve a passing score (currently ≥ 15th percentile) 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.
- The Pillar 2 NBME Subject Examination Conversion Table will be provided in the Pillar 2 D2L shell before the mid-year NBME subject exams.

NBME Subject Exam Opt-Out

- Students who score ≥ 85th percentile nationally on their first NBME exam attempt may choose to opt out of the second NBME exam in that same discipline if:
  - They passed all NBME subject exams on the first attempt AND

- Are approved by their campus dean to opt-out. The approval is overarching and not for specific exams.
- Students will be offered the opportunity to make this decision during the month of December, and the decision will be documented through the submission of the One45 NBME Opt-Out form. The completed form will be sent to the campus dean for final approval.

NBME Subject Exam Monitored Academic Status

- Students who fail four or more NBME subject exams after the 1st attempt will be placed on monitored academic status.

Pillar 2 NBME Subject Examination Failure and Retesting Policy Link

This policy applies to students who do not achieve a passing score on the seven clinical subject exams in either of two attempts during Pillar 2.

Monitored Academic Status Policy

This policy applies to students not meeting the minimum standards set by the Sanford School of Medicine.

Requirements for Advancement, Graduation, Dismissal Policy Link

This is where you will find the Appeals policy.

Pillar 2 Evaluations by Student

- During Pillar 2, all students will receive evaluations as they complete courses and activities throughout both semesters.
- These evaluations are critical for continued quality improvement among faculty members and curricula.
- The Student Timely Completion of Evaluations Policy outlines student expectations.

Absence Policy Link

Absence Policy and Covid policy

Medical Student Inclement Weather Policy Link

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. These include, but are not limited to:
  - Martin Luther King Day
  - President's Day
  - Juneteenth
  - Columbus/Native American Day
  - Veteran's Day

Vacation

- Students may take **six vacation days (full-day equivalent – may take in ½ day increments)** over the course of Pillar 2.
- **NOTE: Vacation or education days are not permitted without advanced approval from the Pillar 2 Director during test weeks, formative or summative OSCE, or HQIP .**
- **NMBE subject exam testing is not allowed during Independent learning days. Approved exam changes will occur during designated testing timeline on the assessment calendar. You will take 2 tests per day until missed exams are completed.**
- In addition, leave cannot be used to eliminate a scheduled night shift/call shift.
- Vacation time must be taken for missed SDL or campus activities.
- Students **are not required** to make up holidays or approved vacation days.
- Students must complete an **Absence Request Form** (found on D2L in the Forms module) or Record a New Absence through the CORE platform when planning time away, and **submit it to the campus education coordinator at least two weeks prior to leaving**.

Wellness

- Wellness days are separate from vacation days. There are no educational or clinical responsibilities on these specific days.
- These days are granted by the Medical School. Please see the Pillar 2 Calendar for details, but current wellness days include:
  - Friday before Memorial Day
  - Friday before Labor Day
  - Friday after Thanksgiving
  - Monday after NBME finals

Education

- Students may take **up to five education days** to attend formal or structured activities that enhance their learning. These activities may include workshops or medical conferences, although they are not limited to these activities.
- Education days should not be taken for study.
- Students **are required** to make up time missed from school activities for education days.
- Students must complete an **Absence Request Form** (found on D2L in the Forms module) or Record a New Absence through the CORE platform when planning time away, and **submit it to the campus education coordinator at least two weeks prior to the planned leave**.

Travel Reimbursement Procedure for OSCE, NBME Exams and Cultural Immersion

The Office of Medical Education established this procedure to define when travel expenses will be paid by SSOM for the following required testing or instructional activities:

- Students are expected to sit for NBME exams at the closest testing site
- Students are expected to travel to Sioux Falls (or location determined by OME) for OSCE

SSOM will provide hotel reservations for students at an approved hotel offering the State of SD lodging rate. Hotel rooms will be reserved with one person per bed. If a student wants independent lodging, they will be required to pay for half of the hotel room expense.

Students will not be reimbursed if they make reservations at a hotel of their choice. If a hotel room is reserved (weekday or weekend) and the student does not stay or notify the staff to cancel the room reservation in a timely manner (24 hours prior), the student will be responsible for charges incurred. No hotel rooms, fleet vehicle or mileage will be provided if a student voluntarily elects to travel to a further testing site.

The Travel Reimbursement Procedure

Procedure

Pillar 2 and Pillar 3 students not assigned to the Sioux Falls campus will be reimbursed mileage at the current standard State of South Dakota rate to attend OSCE, NBME Subject Examinations, CCSE Examinations, Cultural Immersion, and Transition to Residency Week.

Process

Students should coordinate travel details with their respective Campus Education Coordinator or FARM Assistant Director. Carpooling is encouraged when feasible.

The Campus Education Coordinator or FARM Assistant Director will complete the in-state travel payment forms with the driver's information, dates and purpose of travel. The forms will be submitted to the Finance Accountant to process payment, and the Medical Academic Affairs Coordinator will receive a copy.
Effective Date: August 1, 2026

Artificial Intelligence (AI) in Medical Education Policy Link

USMLE Performance Policy Link

Liability Coverage for USD SSOM Medical Students

Medical students of SSOM who are in good standing and full-time students are allowed to participate in medical transports with faculty within the health system they are on rotation with (i.e., Monument Health, Avera Health, Sanford Health). Medical transports may include modes such as ambulance, helicopter, fixed wing, etc. SSOM medical students have full insurance coverage through the health system and the transportation company for such transports.

Academic Integrity

No credit can be given for a dishonest assignment. A student found to have engaged in any form of academic dishonesty may, at the discretion of the instructor, be:

a. Given a zero for that assignment.
b. Allowed to rewrite and resubmit the assignment for credit.
c. Assigned a reduced grade for the course.
d. Dropped from the course.
e. Failed in the course.

Freedom in Learning

Under the Board of Regents and University policy, student academic performance may be evaluated solely on an academic basis, not on opinions or conduct in matters unrelated to academic standards. Students should be free to take reasoned exception to the data or views offered in any course of study and to reserve judgment about matters of opinion, but they are responsible for learning the content of

any course of study for which they are enrolled. Students who believe that an academic evaluation reflects prejudiced or capricious consideration of student opinions or conduct unrelated to academic standards should contact the dean of the college or school that offers the class to initiate a review of the evaluation.

Disability Accommodation

The University of South Dakota strives to ensure that physical resources, as well as information and communication technologies, are reasonably accessible to users in order to provide equal access to all. Any student who feels s/he may need academic accommodations or access accommodations based on the impact of a documented disability should contact and register with Disability Services during the first week of class or as soon as possible after the diagnosis of a disability. Disability Services is the official office to assist students through the process of disability verification and coordination of appropriate and reasonable accommodations. Students currently registered with Disability Services must obtain a new accommodation memo each semester.

Please note: if your home institution is not the University of South Dakota but one of the other South Dakota Board of Regents institutions (e.g., SDSU, SDSMT, BHSU, NSU, DSU), you should work with the disability services coordinator at your home institution.

Disability Services, The Commons Room 116
(605) 658-3745
Website: https://www.usd.edu/About/Departments-Offices-and-Resources/Disability-Services
Email: disabilityservices@usd.edu

Medical Student Affairs Policies Link

Health Affairs Policies

- The following policies can be found in the Health Affairs Infection Control Manual provided by the Division of Health Affairs which can be found in the MSA D2L shell under important documents.
    - General Student Safety Guideline (Infection Control/Student Safety)
    - Standard Precautions
    - Transmission Based Precautions
    - Occupational Exposure to Infectious and Environmental Hazards
    - Educational Accommodations Related to an Exposure
    - Entering and Visiting Student Immunization Policy
    - Immunization Compliance Policy
    - Annually Required Immunizations
    - Students Infected with Bloodborne Pathogens (HIV, HBV, HCV)

- Other Special Considerations:
  - The Pregnant Student
  - Health Insurance
  - Required Vaccine Declination

Recommended Reading and Resources

- **General**
  - Stanford Medicine 25: https://stanfordmedicine25.stanford.edu/
  - USD SSOM Academic Hotspot: http://tiny.cc/ms41hz
  - Dynamed®, ClinicalKey®, and Access Medicine® may all be accessed through the Wegner Library here: http://libguides.usd.edu/mobilemed
  - UpToDate® - This is not available through USD libraries, but many clinics and hospitals have access.
- **Family Medicine**
  - AFP by Topic: Log into your aafp.org account → select AFP Journal → select AF by Topic to access articles on clinical topics of interest
  - Textbook of Family Medicine, 9th Edition
  - Current Diagnosis and Treatment in Family Medicine, 5th Edition
  - Differential Diagnoses of Common Complaints, 7th Edition, Seller, Symons
- **Internal Medicine**
  - Harrison's Principles and Practice of Medicine, 20th edition
  - Symptom to Diagnosis, 4th edition
  - First Aid for the Medicine Clerkship, 3rd edition
  - Step up to Medicine, 5th Edition
- **Neurology**
  - Blueprints Neurology, 5th Edition
- **OB/GYN**
  - Obstetrics and Gynecology, 7th edition, Beckman, et al.
  - Case Files Family Medicine, 5th Edition.
  - TeLinde's Operative Gynecology, 10th edition, Rock, et al.
  - APGO: https://apgo.mycrowdwisdom.com/diweb/institution?guid=8d919a9e-fd6a-4bb5-b78c-fe6e6bec85ce. This site contains many videos, as well as a question bank for review. This is considered the best study resource for success in the Ob/Gyn clerkship, NBME exam, and USMLE Step 2. Students must be registered through the SSOM Department of OB/GYN.
  - Pelvic examination in the clinic: https://youtu.be/EXFamZpqEtI *Note that this is a good example of how to do a pelvic exam, but each attending may have variations on this.

- In Sioux Falls, simulation training for OB scenarios is available in the OB/GYN Dept. Ask Shari Snell-Drilling or Dr. Laurie Landeen, Clerkship Director, for access to the computer located in the faculty guest office.

- **Pediatrics**
  - Nelson Essentials of Pediatrics, 7th Edition
  - Harriet Lane Handbook, 22nd Edition
  - Zitelli and Davis' Atlas of Pediatric Physical Diagnosis, 6th Edition
  - UpToDate Articles:
    - Assessment of the Newborn Infant
    - Evaluation and Management of fever in neonates 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 the child with a 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**
    - The Pocket Guide to the DSM-5(TM) Diagnostic Exam
    - Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry, 11th Edition
    - Blueprints Psychiatry, 6th Edition
    - Interview Guide for Evaluating DSM-5 Psychiatric Disorders and the Mental Status Examination, Mark Zimmerman, M.D., Psych Products Press
- **Surgery**
    - Essentials of General Surgery, 5th Edition

General Reading Guidelines

- Regular reading is a key part of lifelong learning.
- Reading, preferably on a daily basis, is an important part of the preparation for NBME subject exams this year and for Step 2 CK next year.
- Paced reading that is tied to patients or cases will be better retained than longer than a rote reading of chapters in a random textbook.
- **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 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.
    - **Online Med Ed**
        - Pillar 2 students have access to the Premium version of Online Med Ed.
            - All clinical video “chalk talks” are included.
            - Downloadable .mp3 and .pdf formats are available.
            - Each section has multiple board-style questions.
            - Each student has access to over 1200 flashcards.
            - Each student has access to a study planner available through OME.
- **Additional Tips**

- 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.
- Don’t read exclusively from board question books. Again, the level of detail is not there. These books serve as excellent supplements and can help identify knowledge gaps, but they should not be the only source of reading.
- If students are concerned about covering each discipline equally, photocopy the Table of Contents from the major reading sources. As a topic is covered, make a check by that topic in the respective table of contents. As the year progresses, students may want to focus some of their 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.