

# Pillar 2 Requirements

#	H&P'S
3	H&P - Family Medicine mini-block
10	H&P – Medicine (IM or Family Medicine)
2	H&P - Neurology
2	H&P - OB/GYN
6	H&P – Pediatrics (including growth charts)
2	H&P - Surgery
8	H&P – Psychiatry (using Psychiatry forms)
7	H&P - Flexible (Student Choice)
<b>40</b>	<b>Total H&amp;P's* (one per week)</b>

#	OTHER DOCUMENTS
7	Enhanced Progress Notes (1 Per Discipline)

#	OTHER ENCOUNTERS
7	Observed History and Physical Examinations in a Patient Encounter (1 Per Discipline)
3	FM Observed Clinical Encounters and Notes (Family Medicine Preceptorship/Mini-Block)

#	ONLINE LEARNING
13	Online Cases - Family
15	Online Cases - Pediatrics
14	Online Cases - Surgery
<b>42</b>	<b>Total Online Cases</b>

#	OTHER ACTIVITIES
3	Triple Jump Exercises

#	ATTEND GRAND ROUNDS
5	Flexible (Student Choice)

## 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&P should be written using Word and **not printed from the electronic medical record.** The patient's name or date of birth should not be included.

- The H&P evaluation form can be found on D2L under the Student Forms Module. Students 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. (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).

### Enhanced Progress Note

- Documents a problem-based patient encounter and simulated the note required for the OSCE and the USMLE Step 2-CS exam.
- **7 enhanced progress notes (1 for each discipline) are due the Friday prior to mid-year test week.**
- 3 enhanced progress notes are also due during the FM Preceptorship/Mini-block (date varies by campus).
- These notes should be completed with the observed history and physical described below.
- **The note must be written using the Notewriter program.** This can be downloaded from D2L under the Notewriter module. It should continue to be used and practiced throughout the year in your respective clinical assignment. The more a student practices with this program and becomes more efficient at writing a complete 10 minute enhanced progress note, the more prepared they will be for the OSCE and Step 2 CS at the end of the year.
- Once completed and signed by the attending, the 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).

### Observed Encounter – Performing a pertinent history and physical or mental status exam

- Students are to be observed by an attending before mid-exam week.
- The observed encounters may be problem-focused histories and/or exam and do not have to be complete H&Ps. The observed histories and physical exams should be documented in SPEL.
- The Observed Encounter form can be found on D2L under the Student Forms Module.

### Aquifer Required Online Cases

- **42 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 42 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> 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>

<b>AQUIFER/CLIPP (PEDIATRICS) – 15 CASES</b>
Case 1: Evaluation and care of the newborn infant
Case 6: 16-year-old boy's pre-sport physical
Case 7: Newborn with respiratory distress
Case 8: 6-day-old with jaundice
Case 9: 2-week-old with lethargy
Case 11: 5-year-old with fever and adenopathy
Case 15: 2 siblings with vomiting (4 yo, 8-week old)
Case 19: 16-month-old with a first seizure
Case 20: 7-year-old with headaches
Case 22: 16-year-old with abdominal pain
Case 24: 2-year-old with altered mental status
Case 28: 18-month-old with developmental delay
Case 29: Infant with hypotonia
Case 30: 2-year-old with sickle cell disease
Case 32: 5-year-old with rash

<b>AQUIFER/fmCASE (FAMILY MEDICINE) – 13 CASES</b>
Case 1: 45 year old female annual exam *
Case 2: 55 year old male annual exam *
Case 5: 30 year old female with palpitations
Case 6: 57 year old female presents for diabetes visit *
Case 8: 54 year old male with elevated blood pressure *
Case 10: 45 year old male with low back pain *
Case 11: 74 year old female with knee pain
Case 18: 24 year old female with headaches
Case 19: 39 year old male with epigastric pain
Case 20: 28 year old female with abdominal pain
Case 25: 38 year old male with shoulder pain
Case 26: 55 year old male with fatigue
Case 29: 72 year old male with dementia *

**\*Required during FM Preceptorship/Mini-Block**

<b>AQUIFER/WiseMD (SURGERY) – 14 CASES</b>	
Anorectal Disease	Colon Cancer
Appendicitis	Diverticulitis
Bariatric Surgery and Obesity	Inguinal Hernia
Bowel Obstruction	Pancreatitis
Breast Cancer Surgery	Skin Cancer
Burn Management	Thyroid Nodule
Cholecystitis	Trauma Resuscitation

### **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.

<b>AQUIFER/fmCASE (FAMILY MEDICINE/OBGYN) – 3 CASES</b>
Case 12: 16 year old female with vaginal bleeding and UCG
Case 14: 35 year old with missed period
Case 17: 55 year old post-menopausal female with vaginal bleeding

<b>AQUIFER/fmCASE (FAMILY MEDICINE/PSYCHIATRY) – 1 CASE</b>
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Case 3: 65 year old female with insomnia
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### 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 patient encounters during medical school located 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 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
- *What gets recorded on SPEL?:* Within SPEL, there is both an encounter (diagnosis) log and a procedure log. Some patients will be entered into SPEL simply as a diagnosis, e.g. a child with strep pharyngitis. Other patients may qualify as both a diagnostic encounter and as a procedure, e.g. a patient with colon cancer who undergoes a colon resection. To protect confidentiality, the patient’s name, birthdate or record number should not be entered into the log. Instead, enter the date of the encounter, supervising physician, age range, gender, 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. The procedure log is similar in format.
- Required Clinical Encounters and Procedures:

#	CLINICAL ENCOUNTERS (SPEL)	Clinical Setting	Participation Level
1	Child Health – Central Nervous System	Inpatient/Outpatient	Participated
3	Child Health – Chronic Medical Problem	Inpatient/Outpatient	Participated
3	Child Health – Dermatologic System	Inpatient/Outpatient	Participated
1	Child Health - Development	Inpatient/Outpatient	Participated
1	Child Health – Emergent Clinical Problem	Inpatient/Outpatient	Participated
3	Child Health - Gastrointestinal	Inpatient/Outpatient	Participated
1	Child Health - Growth	Inpatient/Outpatient	Participated
3	Child Health – Lower Respiratory	Inpatient/Outpatient	Participated
1	Child Health – Unique condition: Fever without localizing findings	Inpatient/Outpatient	Participated
1	Child Health – Unique condition: Neonatal Jaundice	Inpatient/Outpatient	Participated
3	Child Health – Upper Respiratory	Inpatient/Outpatient	Participated

5	Medical Conditions - Cancers	Inpatient/Outpatient	Participated
10	Medical Conditions - Cardiovascular	Inpatient/Outpatient	Participated
15	Medical Conditions - Dermatology	Inpatient/Outpatient	Participated
5	Medical Conditions – Ears/Nose/Throat	Inpatient/Outpatient	Participated
10	Medical Conditions - Endocrinology	Inpatient/Outpatient	Participated
15	Medical Conditions - Gastrointestinal	Inpatient/Outpatient	Participated
10	Medical Conditions – Health Maintenance	Inpatient/Outpatient	Participated
3	Medical Conditions - Hematologic	Inpatient/Outpatient	Participated
15	Medical Conditions – Infectious Disease	Inpatient/Outpatient	Participated
5	Medical Conditions - Nephrology	Inpatient/Outpatient	Participated
3	Medical Conditions - Ophthalmology	Inpatient/Outpatient	Participated
1	Medical Conditions - Orthopedics	Inpatient/Outpatient	Participated
3	Medical Conditions – Psycho-social issues	Inpatient/Outpatient	Participated
15	Medical Conditions - Pulmonary	Inpatient/Outpatient	Participated
5	Medical Conditions - Rheumatology	Inpatient/Outpatient	Participated
5	Medical Conditions - Urology	Inpatient/Outpatient	Participated
1	Mental Health – Anxiety Disorders	Inpatient/Outpatient	Participated
1	Mental Health – Attention Deficit Hyperactivity Disorder	Inpatient/Outpatient	Participated
1	Mental Health – Cognitive Disorders	Inpatient/Outpatient	Participated
1	Mental Health – Eating Disorders	Inpatient/Outpatient	Participated
5	Mental Health – Mood Disorders	Inpatient/Outpatient	Participated
1	Mental Health – Pervasive Developmental Disorders	Inpatient/Outpatient	Participated
1	Mental Health – Sleep Disorders	Inpatient/Outpatient	Participated
1	Mental Health – Substance Dependence	Inpatient/Outpatient	Participated
1	Mental Health – Thought Disorders	Inpatient/Outpatient	Participated
5	Neurology – Predominantly Chronic Neurologic Disorders	Inpatient/Outpatient	Participated
5	Neurology – Predominantly Transient/Paroxysmal Neurologic Dis.	Inpatient/Outpatient	Participated
3	Neurology – Predominantly Urgent/Emergent Neurologic Dis. Disorders	Inpatient/Outpatient	Participated

5	Surgery – Preoperative Evaluation (Day of Surgery in Hospital)	Inpatient	Participated
10	Surgery – Postoperative Evaluation (Daily Encounter in Hospital)	Inpatient	Participated
1	Surgery – Trauma or Emergency Evaluation (Inpatient Encounter)	Inpatient	Participated
10	Women’s Health – Gynecology Conditions	Inpatient/Outpatient	Participated
10	Women’s Health – Obstetrics Conditions	Inpatient/Outpatient	Participated
15	Women’s Health – Office Practice or Other	Outpatient	Participated
10	Professionalism/Diversity/Quality	Inpatient/Outpatient	Participated
#	PROCEDURES (SPEL)	Clinical Setting	Participation Level
15	Child Health- Well-child exam	Outpatient	Participated
15	Child Health- Newborn exam	Inpatient/Outpatient	Participated
5	Medical Procedures	Inpatient/Outpatient	Participated
2	Surgery – Bladder Catheter Insertion	Inpatient	Participated
2	Surgery – IV Placement	Inpatient	Participated
2	Surgery –NG/OG Placement	Inpatient	Participated
10	Surgery – Endoscopy (EGD/Colonoscopy/Bronchoscopy)	Inpatient/Outpatient	Observed
20	Surgery - Abdominal Surgery (Abdominal/Pelvis)	Inpatient	Participated
1	Surgery – Central Venous Access (Central Line/Port)	Inpatient	Observed
1	Surgery - Breast Surgery	Inpatient	Participated
1	Surgery - Head/Neck Surgery	Inpatient	Participated
1	Surgery - Skin Surgery	Inpatient	Participated
2	Surgery - Trauma	Inpatient	Participated
40	Surgery – Total Surgical Experiences	Inpatient	Participated
3	Women's Health – Other Procedures	Inpatient/Outpatient	Participated
3	Women's Health - Pelvic Exam	Inpatient/Outpatient	Participated
5	Women's Health - Section Deliveries	Inpatient	Participated
12	Women's Health - Vaginal Deliveries	Inpatient	Participated

### 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 Healthcare Quality Improvement Project 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**

- 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.
- Requirements for the ethics grade:
  - Attendance at both TBL sessions
  - Reflective writing on D2L according to rubric
  - Completion of an advance directive

### **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 five 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.

- A schedule of presentations will be posted 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.

### 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.

### 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.
- **Internal Medicine Review** - These interactive sessions review key topics in Internal Medicine.
- **Core Discipline Review Sessions and Small Group Sessions** – These are interactive sessions determined as needed by the students to review key topics in the core disciplines.
- **Simulation and Skills Sessions** - These simulation or bedside teaching sessions focus on key skills for the clerkship year.
- **Diversity/Cultural Immersion Experience**
- **Societal Problems** – Obesity, Domestic Violence, Smoking/Tobacco Use, Substance Abuse, Suicide
- **Didactic Lectures**-Additional topics to augment medical learning and professional development as appropriate
- **High-Yield Subject Exam Review Sessions**-When appropriate, coordinators and clerkship directors will be asked to provide high-yield review sessions as they relate to subject exam preparation.

### 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.
- **In the first 45 minutes**, one student presents the case, another serves as a scribe to record pertinent data, and the remaining students work through the case by developing a differential

and creating learning issues. The cases come from patients that students have seen in the hospital or clinic. Beyond diagnostic reasoning, students are asked to concentrate on pathophysiology, diagnostic testing, management, prevention, and ethical issues. In the process, all students in the group suggest various learning issues. Students are able to direct their own learning, as these issues are prioritized and divided among the group for review later during the session.

- **In the next 30 minutes**, students will research the learning topic that was assigned and prepare to share findings to the group.
- **In the last 45 minutes**, each student presents for 5-10 minutes on the assigned topic. This presentation may involve a pertinent article or other evidence-based resource. The session concludes with a summary or outcome of the case.
- Faculty facilitators may include basic science or clinical faculty. While they oversee the dynamics and process of the small group, **facilitators should not routinely serve as the content expert**. In fact, cases will often fall outside their specified area of expertise. On occasion, faculty may briefly step out of the facilitator role to offer comment or advice. Overall, the process of developing, researching, and reporting on learning issues leads to improved knowledge retention and lifelong learning skills.
- The makeup of various small groups will change in mid-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.
- **In the first session**, one student presents the case, another serves as a scribe to record pertinent data, and the remaining students work through the case by developing a differential and creating learning issues. The cases come from patients that students have seen in the hospital or clinic. Beyond diagnostic reasoning, students are asked to concentrate on pathophysiology, diagnostic testing, management, prevention, and ethical issues. In the process, all students in the group suggest various learning issues. Students are able to direct their own learning, as these issues are prioritized and divided among the group for review later that week.
- **In the second session**, students return with their researched learning issues and each presents for 5-10 minutes on the assigned topic. This presentation may involve a pertinent article or other evidence-based resource. The session concludes with a summary or outcome of the case.
- Faculty facilitators may include basic science or clinical faculty. While they oversee the dynamics and process of the small group, **facilitators should not routinely serve as the content expert**. In fact, cases will often fall outside their specified area of expertise. On occasion, faculty may briefly step out of the facilitator role to offer comment or advice. Overall, the process of developing, researching, and reporting on learning issues leads to improved knowledge retention and lifelong learning skills.
- The makeup of various small groups will change in mid-year. Faculty members who are interested in serving as a facilitator are asked to sign up for a block of two weeks. Facilitators can lead multiple sessions through the year. Small group session times vary by campus and are held at the main campus building or student center. Students will require adequate time away from clinic for the session itself and travel time before and after.

### DAY ONE – PATIENT PRESENTATION

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

- The group members distribute the various learning issues. Ensure all of the learning issues have been assigned.
- End session with a brief discussion of group dynamics; what went well and what could improve. Facilitator will review interactions and will complete an 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:**
  1. Continuing professional development
  2. Keeping up-to-date with the current evidenced-based literature
  3. Disseminating information on and build up debate about good practice and best practices
  4. Ensuring that professional practice is evidence-based
  5. Learning and practicing critical appraisal skills
  6. 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 (Hospital Immersion Experiences) and longitudinal clerkships will each have call requirements. Please refer to the Mini-Block schedules in the clinical disciplines handbooks, later in this document, 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 13 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 Call**

- Call for OB will be a 12 hour shift from 7:00 to 7:00 (AM or PM shifts) in a laborist model. Students will complete a total of six shifts. At least two of these shifts are required to be night shifts. The student should be at the L&D nurses station during the shift. If there is not much learning experience happening at the L&D desk the student may seek learning opportunities in postpartum and newborn nursery, while still being available for L&D as patients and situations change. The student will assist with all deliveries during the 12 hour shift unless per patient request. This cannot be substituted for your scheduled LIC clinic time or OR time spent with your attending.
- In Rapid City, students will be expected to set up these 12 hour shifts with various laborists. In Sioux Falls, your LIC Education Assistant will assign call shifts to allow for completion of this requirement.

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

- Students will complete one surgery NIGHT SHIFT per month (9 for the year) with the on-call surgical services, including at least one, 30-hour weekend shift, which will include a patient's post-op, follow up assessment and progress note. Date and time should be determined by the student (Rapid City) or will be scheduled by your respective LIC Education Assistant (Sioux Falls). Some key aspects of the surgical night shift include the following:
  - All night shifts will be “in-house” for consistency of student experiences
  - Night shifts will be a minimum of 12 hours with up to 6 hours of additional work to allow for rounding on post-op patients
  - During the nine months, one of the night shifts, will be spent focusing on the surgical floor. Students are to report to surgical resource nurse/shift supervisor for responsibilities for the shift.
  - If the Attending Surgeon or surgical resident is not in-house during the night shift, the student will do the following:
    - Inform the OR and floor nursing staff that they are doing the surgery night shift experience and seeking as many surgery-related experiences as possible (including pre- and post-operative procedures and skills)
    - Provide contact information to appropriate nursing staff for use during the night shift
    - Provide the start and end times of their night shift to nursing staff
    - Report to the surgical floor and work with nursing staff during the night shift to perform procedures and wound management if they are not needed in the OR or are not actively working with another patient
- The student is expected to be present, staying with the surgeon, team, or patients during that time. It is important students take an active role in this experience. To the extent possible, students should make rounds with the surgeon and team on subsequent days to learn important aspects of post-op care. Students should complete the “Night-shift Form” (used by Rapid City) for the campus education coordinator when surgery night shifts are completed in order to receive 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.