

**Subject:** Additional Responses

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**Date:** 9/26/2018 11:22 PM

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Dr. Percy and Dr. Mortinsen,

As I get more responses I will continue to forward them to you, but here are some additional responses in regard to the questions we posed to the Clerkship Directors and faculty:

Here are the responses so far since the departments sent out the survey.

1. Have Pillar 2/3 faculty perceived, in our clinical students, any gaps in knowledge base in respect of basic science knowledge (i.e. anatomy, pathology, pathophysiology, pharmacology, etc.)?
  - No
  - Nothing Consistent
  - Significant lab values (eg. potassium of 8 or a hemoglobin of 4 should be recognized as quite abnormal and actionable)
2. Have Pillar 2/3 faculty perceived, in our clinical students, gaps of knowledge in respect of their clinical foundation knowledge (interviewing skills, written H&P's, oral presentations, etc.)
  - Interviewing skills are a bit shaky but have been working to improve this. Oral presentations also less developed and have been trying to build this skill as well.
  - presenting skills are variable. written H and Ps can always be improved on
  - I do not see a lot of students, but have noticed some challenges with directing interviews when patient/parent is not one to stay on subject.
  - Recognizing when to present - are you ready for a patient? versus just starting in during physician order entry I try to get them to get them in the habit of starting off with what I really want: (NACMAV) Name Age CC Meds: (important ones eg warfarin, eliquis, chemo drugs etc..) Allergies: none or >10 are helpful Vitals: if indicated for condition or are significantly abnormal - then onto some details and important PM/SHX This is really helpful if busy with 6 or 8 patients who are being transferred, admitted, discharged, sedated for a procedure etc...
3. Do Pillar 2/3 faculty feel that topics and themes are covered too much in the Pillar 1 (pre-clinical) phase of the curriculum?
  - Not sure what is covered
  - No
  - I've been informed by the students that they feel there should be a little more time put into treatment versus pathophysiology. eg. otitis media, pneumonia, cellulitis - exam findings, organisms etc covered but not sure on abx selection or length of treatment
4. Do Pillar 2/3 faculty feel that a topic is not covered enough in the Pillar 1 phase of the curriculum?
  - Unknown
  - May be beneficial to discuss anesthesia especially procedural sedation and RSI Medications used (sedatives, induction agents, paralytics). Specifically the most common: Midazolam / Propofol, Ketamine, Etomidate / Succs, Roc

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