MODULE 4 – Emergency Medicine Clerkship (EM 200)

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I. WELCOME/COURSE ADMINISTRATION

This course is designed to introduce you to emergency medicine and all the unique opportunities and challenges associated with this specialty. This will be accomplished through formal lectures, case presentations, and by primary patient care. The best way to learn about emergency medicine is to “do it.” You will be expected to evaluate patients and address their presenting complaints, initiate workups, and provide definitive therapies. Often the most critically ill patients are managed using the “team approach” which often involves paramedics, nurses, physicians, and students. I would encourage you to observe and participate in this unique aspect of patient care. How much you learn, see, and do depends entirely on your effort and interest.

Questions during the clerkship should be directed to:

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II. COURSE OVERVIEW

A. OBJECTIVES

Knowledge
1. To formulate a differential diagnosis, basic management strategies (including diagnostic and therapeutic evaluation) for the common ED chief complaints:
   i. Headache, dizziness, and weakness
   ii. Chest pain and shortness of breath
   iii. Altered mental status
   iv. Principles of medical and traumatic resuscitation
   v. Wound management
   vi. Environmental emergencies
   vii. Substance abuse
   viii. Traumatic injury
   ix. Domestic violence
   x. Pelvic and genitourinary complaints
   xi. Complications of early pregnancy
   xii. Musculoskeletal diseases
   xiii. Ear-nose-throat disorders

2. To be exposed to and gain clinical experience with the indications and complications of common ED procedures
   i. Abscess incision and drainage
   ii. Arterial puncture for blood gas sample
   iii. Foley catheter insertion
   iv. Venipuncture for lab specimen
   v. Intravenous line insertions
   vi. Injecting local anesthetic
   vii. Laceration repair
   viii. Urine analysis
   ix. Nasogastric tube insertion
   x. Nebulizer treatment
   xi. Obtaining electrocardiogram
   xii. Joint reduction

Skills
1. To perform a focused history and physical examination
2. To synthesize a differential diagnosis considering life-threatening etiologies and to formulate an assessment and management plan
3. To articulate organized and focused oral presentations of ED patients
4. To learn to perform common ED procedures listed above

Assessment
1. Direct observation of history and/or physical examination by resident or attending
2. Direct observation of oral presentations by resident or attending
3. Direct observation of procedures performed by paramedic, nurse, resident, or attending physician
   a. Bedside assessment of procedural success with immediate feedback by ED staff
4. Final examination based on the didactic lectures given by ED faculty
B. EVALUATIONS/ASSESSMENTS

Examination

On the last day of the block, you will take an intradepartmental exam after the National Board of Medical Examiners Surgery Subject Examination.

• The Exam is given Friday morning at approximately 10:30 AM in room Medical Alumni Hall.
• The exam is 90 minutes and consists of approximately 75 case-based and knowledge-based multiple-choice questions.
• Backpacks, briefcases, beepers, calculators are not allowed; please leave all beepers and cell phones at home or be prepared to turn off beepers and phones and hand in to the proctor.
• You must be on time for the exam, as it will not begin until all students are present.
• Please bring two #2 pencils to the exam.
• You can best prepare by attending all the didactic lectures given by the EM faculty throughout the clerkship.

Clinical Performance

There is a standard evaluation form for the rotation that is included in Section VI APPENDICES. The grading committee receives all of your evaluations (from any resident or attending for whom you’ve given a blank evaluation sheet to complete) and independently assigns a grade for each three-week rotation by averaging all the evaluations. You will be primarily evaluated by the resident(s) and attending (HUP) that you’re paired with during the clerkship based on your oral presentations, participation in patient care, enthusiasm and knowledge shown during your shifts. At Presbyterian and Pennsylvania Hospital, you will work directly with attending physicians and be evaluated by them on those same clinical skills stated above.

**Note: In addition to resident/faculty evaluations (occur automatically at all sites except faculty evaluations at HUP); the HUP students are required to submit names of two faculty members that they worked with. Faculty evaluations at the other sites will be submitted automatically.

The competencies on which you are evaluated are listed below:

PATIENT CARE
   History-taking
   Physical examination
MEDICAL KNOWLEDGE
   Actual knowledge
   Problem solving
PRACTICE-BASED LEARNING AND IMPROVEMENT
   Integration of instruction
   Efficiency and effectiveness
INTERPERSONAL AND COMMUNICATION SKILLS
Humanism and interpersonal skills
Oral presentations
Written work

PROFESSIONALISM
Skills in dealing with diversity and cultural differences
Feedback/constructive criticism
Commitment

SYSTEMS-BASED PRACTICE
Collaborative practice skills
Cost-consciousness

The scale for these competencies ranges from 1 (low) to 7 (high) and has behavioral anchors.

Other Performance Indicators

LOG of PROCEDURES AND DIAGNOSES

During this rotation you will be required to maintain a log of all the patients and procedures you observe and perform and enter into the Oasis Patient Encounter System. This will be available on line and must be completed WITHIN TEN DAYS OF FINISHING THE ROTATION. The course director will review every log and it will be included in your portfolio. Logs will be audited periodically.

Required History and Physical Exam Write-ups

You are required to write a note including the history, physical exam, assessment, and plan on each patient that you interview and discuss with your resident or attending. These notes will be reviewed by your resident or attending and used to evaluate your clinical skills.
C. GRADING

The grading procedure is determined by the clerkship director in consultation with other faculty within the department. Final grades are a composite of several components, with cut-off points and weighting determined individually by each department and for each course. All clerkships assign grades consistent with School of Medicine Definition of Grades – see http://www.med.upenn.edu/student/AcademicPerformanceProgression.html - Section III.

Grades are based upon the evaluations of your clinical performance (80%) and a final exam (20%) based on information presented in the formal Friday lecture series, resident based didactic sessions, morning teaching conference, Wednesday conference and any assigned reading.

Please note: **You must receive a grade above 85% on the final exam to be eligible for honors in the course**, even if you receive honors for your clinical grade.

Grades are dispersed with no pre-determined distribution: Anyone meeting the requirements for Honors will be assigned that grade. **In order to qualify for Honors you must score above the aforementioned cut off on the final exam and submit a clinical performance of Honors (clinical grade average > or = to 6) on your clinical evaluations.**

**Questions about final grade determinations**

Every attempt will be made to ensure that your overall course grade is an accurate and fair representation of the compiled evaluations. Despite our best efforts, however, grade challenges sometimes occur. Although it is rare for a grade to be changed, you have the right to a fair and thorough review of your grade. The following is the procedure for challenging your course grade.

1) Contact your respective site director via email or phone to explain your specific concerns.

2) If unresolved, your concerns should be relayed to the course director

3) If the concern cannot be resolved via email or phone, a meeting with the course director will be scheduled, in which your objections will be discussed with you. You will have the opportunity to review and discuss the individual feedback from each of the evaluators.

4) If indicated, the course director will further research your objections by contacting evaluators to collect additional information and details.

5) The course director will then review the grading decision and contact you with their determination. In most cases, this process does not result in a grade change, but occasionally systematic irregularities are discovered whose correction not only helps the individual student involved, but students who come after them.

Although the issue of grades can be anxiety provoking to our students, we encourage the students not to over-react to grades that are short of an honors recommendation. While a grade short of
honors can be disconcerting, it is our experience that many of our students accepted into top residency programs, did not receive honors in their EM rotation.

It is possible that after a review with the course director, a student may still be dissatisfied with their grade. Under those circumstances, the student reserves the right to appeal the grading decision to the chairman of the EM department. The student can solicit letters on their behalf for that review, and he/she will have an opportunity to present their argument for a grade change to the department chair. Although it is unusual for a department chair to overturn a course director’s decision, this still provides an extra opportunity for a review if a student wishes to continue to pursue a grade change.

Additional Considerations

The course director expects that challenges to a grade will be conducted in a professional manner by the student involved. Under no circumstances should a student directly contact team members to challenge their comments or scores. All communication should be conducted through the course director. It is the responsibility of the course director to individually contact house staff and faculty on behalf of students. Any efforts to circumvent this process will immediately terminate the review process. If this or any other unprofessional behavior is identified during the process of a review, that information may be forwarded to the medical school for inclusion in the student’s record.
III. OTHER COURSE REQUIREMENTS

A. Attendance

**Didactics-required**

1. The clerkship lecture/didactic schedule may be found on the Surgery Clerkship Website: [www.uphs.upenn.edu/surgery](http://www.uphs.upenn.edu/surgery). All the EM lectures may be found on the Virtual Curriculum under Emergency Medicine. Attendance is mandatory. You must contact the course director if you need to miss a session. If you are scheduled for clinical activities on Fridays, you should return for your clinical duties at the end of conference. Because of these didactic sessions, you should not schedule shifts on Thursday nights.

If the lecturer for the session does not arrive within 15 minutes of the scheduled start time, please email Dr. Band or call/email Ms. Watson.

You will be alerted via e-mail of any changes to the schedule so please check email periodically.

2. Each week there also EM-specific educational conferences for all students during the clerkship. **You are required to attend all Wednesday resident lectures, from 7:00 AM to 12:00 PM, which are listed on the conference room door, as well as on the door facing the main ED from the academic offices and on the door facing the hospital on the ground floor of the Ravdin building. If you work overnight on Tuesday, you are required to come to conference through grand rounds and are then excused for the remaining lectures. However, every effort should be made to avoid working Tuesday nights, although this may occasionally be unavoidable because of scheduling constraints.**

**Note: On a weekly basis, the course director will determine which lectures are of highest yield/benefit and you will be instructed in advance as to which specific lectures (of the 5) that you will need to attend**

3. Orientation will be held on the first day of each monthly block. In addition to orientation, you are required to attend all other scheduled didactic sessions. This includes Paramedic run IV/blood draw workshop, nursing run procedure/skills lab, ultrasound didactic session, simulation center session and Chairman's Conference.

4. Morning teaching conference occurs every weekday except Wednesday (report to 7 AM conference instead). This is an attending run, didactic session and all students who worked the night shift or oncoming students who are working the day shift are required to attend (HUP ONLY).

5. Attendance at Journal Club is required as well. This occurs approximately every quarter at HUP and bi-monthly at PMC. You will be informed of the dates during each respective orientation.

6. HUP students are **REQUIRED** to submit the names of two attending that they worked with/presented cases to during the month
Please note, all of the above sessions and instructions are mandatory to fulfill the minimum requirements for the EM 200 Course. Students who are absent without prior approval will drop one full grade for each occurrence.

Miscellaneous Required:

All assigned shifts, the three blue feedback cards, the *names of two EM faculty members who you have worked with/would like to evaluate you and the on-line pt encounter forms are required for the course.

Please note all of the above items are mandatory to fulfill the minimum requirements necessary to pass the EM 200 Course.

*HUP only

Clinical

Attendance and involvement in assigned clinical duties is required, including overnight shifts and weekend shifts. The Site Director must be notified if you are unable to fulfill your clinical responsibilities or you are requesting time off for personal reasons. Unapproved absences are not acceptable. University and religious holidays will be respected (see Holiday policy below). If you are ill please notify the attending on duty and contact the course director as well.

Duty Hours
You are required to complete approximately 100-110 clinical hours during your clerkship, consisting of approximately nine x 12-hour shifts (or the equivalent). This is to provide you with a complete EM experience.

PLEASE NOTE: in order to give you the best clinical experience possible, there will be inevitable and unavoidable inequities regarding the schedule. (some students may have a few more or less hours, may work more nights or weekends, etc..). Please keep in mind that we work very hard on the schedule, with a focus on continuity and integrating a significant didactic curriculum with the clinical experience. Variation in shift distribution is a positive because of the patient population seen in the middle of the night and on weekends is generally different from that of the day shift and at night there are fewer residents, allowing you to play a much more integral role in the Department.

You will be assigned a schedule on the first day of the rotation and will be responsible for completing the assigned shifts. You will perform the same shifts as the ones assigned to your resident and therefore (as noted above) the number and the type of shifts will not be the same between students. Some students will work more overnight or weekend shifts, depending on their residents’ shift schedules. If you are unavoidably unable to work a particular shift, you should reschedule into another shift that your resident is working. If you change into another shift, you must notify your site director with an e-mail. Make sure you confirm your schedule with your
resident on the first day of the rotation to identify possible shift changes that your resident may have made. University and religious holidays will be respected. However, you are always welcome to work additional shifts if you desire. If you are ill please notify the attending on duty and send your site director an e-mail as well.

On call activities
There is no call in this clerkship.

C. Modules 4 and 5 Holiday Policy (http://www.med.upenn.edu/student/holidays.html)

Students are allotted the following holidays: Memorial Day, July 4th, Labor Day, and Thanksgiving (5PM Wednesday to 5AM Monday) and Summer and Winter breaks (see the academic calendar for details).

The School of Medicine recognizes that there are other holidays, both religious and secular, which are of importance to some individuals and groups. Students who wish to observe these holidays must inform the course director before the course begins and during the site selection process, if applicable. The course director may provide the student with an alternative arrangement to make-up the day(s) missed, on-call assignments, exams, etc. The timing of make-up work is at the discretion of the course director and may fall during vacation periods. Missed days that can't be completed before the course end date will result in a grade of "Incomplete".

This general policy does not apply to sub-internships (where the student substitutes for an intern on a patient care team) or externships (where the student functions as an additional intern on a patient care team). In these situations, coverage is dictated by patient care needs, and holiday observances are the prerogative of the department involved. Students are advised to obtain departmental holiday policies prior to starting these rotations (and in the case of electives, prior to selecting the elective), and to discuss any special needs with the course director as far in advance as possible.
B. PATIENT ENCOUNTER SYSTEM

Patient Encounter Directions for the EM clerkship

What is a Patient Encounter and what do I need to know about it?

- During the course of this clerkship, you will be required to record all patient encounters you experience via the patient encounter web site, www.oasis.med.upenn.edu

- A patient encounter is defined as a patient whom you interviewed and performed the physical examination. For this course, the following encounter types and clinical skills are required, along with a specific target number. You will need to determine how each encounter best matches the required categories and what, if any, clinical skills you performed during the encounter.

<table>
<thead>
<tr>
<th>Checklist Items</th>
<th>Times/entry</th>
<th>Needed To Complete</th>
<th>Min</th>
</tr>
</thead>
<tbody>
<tr>
<td>EM-Cardiovascular-Acute Chest Pain</td>
<td>1</td>
<td>Minimum</td>
<td>5</td>
</tr>
<tr>
<td>EM-Neurologic-Altered Mental status</td>
<td>1</td>
<td>Minimum</td>
<td>2</td>
</tr>
<tr>
<td>EM-Gastro-Intestinal-Acute Abdominal Pain/mass/distension</td>
<td>1</td>
<td>Minimum</td>
<td>5</td>
</tr>
<tr>
<td>EM-MT-Hematology-Immunocompromised Pt</td>
<td>1</td>
<td>Minimum</td>
<td>2</td>
</tr>
<tr>
<td>EM-Neurologic-Acute stroke, dizziness, weakness or headache</td>
<td>1</td>
<td>Minimum</td>
<td>3</td>
</tr>
<tr>
<td>EM-Pulmonary-Acute Cough/Shortness of breath</td>
<td>1</td>
<td>Minimum</td>
<td>3</td>
</tr>
<tr>
<td>EM-Renal/Electrolyte-Fluid/Electrolyte Abnormality</td>
<td>1</td>
<td>Minimum</td>
<td>3</td>
</tr>
<tr>
<td>EM-Reproduction-Early Pregnancy Complaints</td>
<td>1</td>
<td>Minimum</td>
<td>1</td>
</tr>
<tr>
<td>EM-Reproduction-Sexually Transmitted illness</td>
<td>1</td>
<td>Minimum</td>
<td>1</td>
</tr>
<tr>
<td>EM-Rheumatology-Acute joint Pain</td>
<td>1</td>
<td>Minimum</td>
<td>1</td>
</tr>
<tr>
<td>EM-Acute febrile illness</td>
<td>1</td>
<td>Minimum</td>
<td>2</td>
</tr>
<tr>
<td>EM-Acute traumatic injury</td>
<td>1</td>
<td>Minimum</td>
<td>4</td>
</tr>
<tr>
<td>EM-Domestic Abuse victim</td>
<td>1</td>
<td>Minimum</td>
<td>1</td>
</tr>
<tr>
<td>EM-Drug overdose/withdrawal</td>
<td>1</td>
<td>Minimum</td>
<td>1</td>
</tr>
<tr>
<td>EM-Elderly Patient</td>
<td>1</td>
<td>Minimum</td>
<td>2</td>
</tr>
<tr>
<td>EM-Substance Abuse Victim</td>
<td>1</td>
<td>Minimum</td>
<td>1</td>
</tr>
<tr>
<td>EM-Uninsured Patient</td>
<td>1</td>
<td>Minimum</td>
<td>1</td>
</tr>
</tbody>
</table>

- I will be checking your status periodically during the clerkship to be sure that you will achieve the targets for the encounters as defined. If it is found that you have not met your targets due to a lack of patient availability, arrangements will be made for you to achieve these targets via another format during the clerkship. If it is found that you have not met your targets due to lack of effort on your part, you will receive a grade of UNSATISFACTORY for the course. You will need to complete alternate exercises to meet your targets to receive a passing grade for the course.
Entering the data into the system

- As the patient encounter system is web based, it is unlikely you will be able to record an encounter in ‘real time’. Rather, it is much more likely that you will enter the encounters at some point at the end of the day. In order to assist you in keeping track of your encounters, please use the attached form for note taking. It is imperative that you make note of the patient’s medical record number when recording your encounter so we can verify the encounter.

- Once you enter your patient encounter into the online system, a unique identifier will be generated for that encounter. The system will return that number to you. Please enter this number on the note form discussed above with the appropriate encounter. You will have 10 days after the close of the EM clerkship to complete your encounters and will then be locked out of the system. Students who fail to enter the encounters into the system by this deadline will not qualify for Honors in the clerkship.

- We will perform verification checks for each student at the end of the clerkship. If it is found that you have entered a patient encounter that is not verifiable, you will be asked to meet with the Associate Dean for Student Affairs.

Please contact Joe Durrance at durance@mail.med.upenn.edu for any technical questions related to the patient encounter system.
C. FEEDBACK CARDS

The School of Medicine requires that all students have documented feedback sessions throughout the rotation. The requirement for this clerkship is one feedback card per week. The exception to this will be that no feedback session is required during the week that falls on a holiday that precludes adequate assessment of your clinical skills, e.g., you haven’t worked enough shifts during the week to be adequately assessed by your resident. The purpose of this session is for formative feedback. Feedback cards will be handed out to you at orientation. These will be used to document that the sessions occurred. The contents of the card will not be factored into your grade, but it is mandatory that you hand the cards in to the clerkship director at the end of the rotation. They can also be dropped into the Medical Student Completed Evaluations Box in the main ED or dropped off in the clerkship director’s mailbox. In addition, they may be brought to the final exam to be collected BEFORE the exam. Students without the appropriate number of feedback cards will be not be eligible for HONORS.
D. PROFESSIONALISM

Professionalism in a clerkship setting is measured by the following behaviors:

- Altruism
- Commitment to Competence and Excellence
- Dependability/Punctuality
- Empathy
- Honesty/Integrity
- Respect for Others
- Respect for Patients
- Responsibility/Reliability
- Self Assessment/Self Improvement

In addition for these behaviors there are expectations for attendance, appropriate attire and general professional maturity.

You will be observed during the rotation, in the clinical setting, lectures, and small groups, and you will be evaluated. Evaluators will reply to the following question:

Has the student met minimal competency in ALL domains on professionalism?

  No
  Yes but with concerns
  Yes

Answers of ‘No’ or ‘Yes but with concerns’ will be brought to Dr. Morris’ attention.

E. Student Evaluations of the Course and Faculty

Students are required to complete the course and faculty/resident evaluation forms prior to receiving their final evaluation and grade from the Dean's office. In addition, students are asked to complete the evaluation forms of each teaching session the week following the session. Constructive written comments are appreciated. The forms are available on-line and are reported in aggregate, without student identifiers.
IV. OTHER INFORMATION

A. Attire

Scrubs are the expected attire in the emergency department. Also, please have your nametag on at all times.

B. Clerkship Specific Information

Patient Care

Emergency Department work-ups are not as comprehensive as inpatient ones. The history and physical examination should be directed toward the patients’ primary problem. Therefore your history may be very brief (patients with lacerations or extremity injuries) or extensive (an elderly patient with multiple complaints and medical problems). Your initial evaluation with history and physical should be brief (20 minutes) and you should immediately discuss your differential and plan to evaluate and/or treat the patient with the resident or attending. For the first 2 weeks you will work with a senior resident to see and evaluate patients. Subsequently, select cases will be given to you for you to see initially. Under no circumstances should you see and begin management of a patient case without supervision of either the senior resident or the attending. If you go in a room and feel a patient is very ill, immediately get assistance from the senior resident or attending.

The longer this process takes, the longer it takes for your patient to receive treatment, and the longer it takes for the patients in the waiting room to be evaluated. Time management is critical in the emergency medicine: work on yours. After you have seen and examined a patient you have a unique relationship with that person. If you don’t make certain that the appropriate studies have been ordered and sent and follow-up on their results, no one will. It is also crucial to inform the patient of what tests are planned and why, in addition to the results of the tests and the implications of the test results. These aspects will be skills that will evolve as your clinical experience broaden.

One aspect of emergency care that is often overlooked is the patients’ family and loved-ones. Please remember that this is a very frightening and anxiety filled time for them. Keep them informed.

Laboratory tests/consults

There are no “routine” tests in the Emergency Department. Tests should be ordered only to aid in a diagnostic evaluation or to guide therapy. It is critical, both from a cost and a time standpoint, to order only the tests truly required. If your patient requires an IV or blood and they have not already been obtained, it is our responsibility to try twice before deferring to the nurse or paramedic. If you are not comfortable with your IV or blood drawing skills (or don’t have any), ask the nurse or paramedic for assistance. They are typically very helpful and enjoy teaching. Always use universal precautions when performing any procedure in the emergency department.
and clean up your instruments and sharps immediately after you are finished. Do not expect others to clean up after you!

Admissions

As soon as it is apparent that your patient requires admission, your supervising resident and attending should start making arrangements for admitting the patient. Often patients may need to be admitted to specific services (such as transplant or renal or oncology) or some primary care physicians may want to discuss the case or be notified prior to admission. During this core rotation, doc-to-doc reports ARE NOT to be given by you to the admitting service. This is a responsibility of the ED house staff.

Discharge

The majority of patients we see in the emergency department will be discharged to home with instructions and possibly prescriptions. It is critical that you spend the time reviewing all these with the patient and answering any questions that they have. Under no circumstances are YOU to directly discharge patients. This is a responsibility of the ED house-staff. For many diagnoses, pre-printed information sheets are available and should be given along with the actual discharge instruction sheet (process is now entirely computerized). Make certain that if follow-up with their primary physician or a HUP subspecialty clinic is needed, the phone numbers and explanation of why this appointment is needed is provided. Many patients will not remember what you told them so write your instructions clearly and completely in layman’s terms. Simple, common terms should be used (‘middle ear infection’ instead of ‘otitis media’). No medical jargon.
The Electronic Chart

Since December 1996 the Department of Emergency Medicine has been “on-line” and all orders and charting are done on a computer. This centralizes all the patient information and will provide an invaluable database for research as well as patient care.

On the first day you will have a tutorial about how to use the system. You will also be given a unique sign-in name to be used throughout your medical student career at Penn. Do not forget your password! During your first use, you will be able to choose you own password. While it is somewhat intimidating and frustrating initially, everyone picks it up very quickly. While documentation is very important remember that quality is much more important than quantity. Writing a concise H and P is just one more skill you will master this month. You must perform a history and physical exam and write a note on every patient that you see. The H and P should include ALL of the following elements:

Chief Complaint, History of Present Illness, Past Medical and Surgical History, Medications, Allergies, Social History, Physical Exam, Impression, Plan.

Remember that reassessing the patient is an integral aspect of emergency medicine, and documenting the reassessments is equally important.

SUMMARY

Most students find this course to be very rewarding. The Emergency Department is an energy-filled but busy place and sometimes students can get lost or overwhelmed. If you have any problems please contact me as soon as possible so we can work together to correct them. Remember the more you put in, the greater your rewards will be.
V. OTHER POLICIES

i. SAFE AND HEALTHY LEARNING ENVIRONMENT

http://www.med.upenn.edu/student/safe_environ.html

Safe and Healthy Learning Environment

I. INTRODUCTION

The University Of Pennsylvania School Of Medicine is committed to the principle that the educational relationship should be one of mutual respect between teacher and learner. Because the school trains individuals who are entrusted with the lives and well being of others, we have a unique responsibility to assure that students learn as members of a community of scholars in an environment that is conducive to learning.

Maintaining such an environment requires that the faculty, administration, residents, fellows, nursing staff, and students treat each other with the respect due colleagues. All teachers should realize that students depend on them for evaluations and references, which can advance or impede their career development. They must take care to judiciously exercise this power and to maintain fairness of treatment avoiding exploitation or the perception of mistreatment and exploitation. The quality and worth of a University of Pennsylvania School of Medicine education rest not only in the excellence of the content and the skills that are taught, but also in the example provided to students of humane physicians and scientists who respect their professional colleagues at all career levels, their patients, and one another.
II. RESPONSIBILITIES OF TEACHERS AND LEARNERS

The teacher-learner relationship confers rights and responsibilities on both parties. Behaving in a way that embodies the ideal teacher-learner relationship fosters mutual respect, minimizes the likelihood of learner mistreatment, and optimizes the educational experience.

1. Responsibilities of Teachers
   - Treat learners fairly, respectfully, and without bias related to their age, race, gender, sexual orientation, disability, religion, or national origin.
   - Distinguish between the Socratic Method, where insightful questions are a stimulus to learning and discovery, and overly aggressive questioning, where detailed questions are repeatedly presented with the end point of belittlement or humiliation of the learner.
   - Give learners timely, constructive, and accurate feedback and opportunities for remediation.
   - Be prepared and on time for all activities.
   - Provide learners with current material and information and appropriate educational activities.

2. Responsibilities of Learners
   - Be courteous and respectful of others regardless of their age, race, gender, sexual orientation, disability, religion, national origin, or role in your education.
   - A medical student should act in accordance with the University of Pennsylvania School of Medicine Code of Conduct, http://www.med.upenn.edu/student/standards/part3.htm#4
   - Be aware of the medical condition and current therapy of patients.
   - Put patients' welfare ahead of educational needs.
   - Know limitations and ask for help when needed.
   - Maintain patient confidentiality.
   - View feedback as an opportunity to improve knowledge and performance skills.

III. DESCRIPTION OF INAPPROPRIATE BEHAVIOR

Inappropriate behaviors are those that are not respectful or professional in a teacher-learner relationship. Determining whether a given behavior is inappropriate involves a subjective assessment of the intentions of the performer and the perception of the recipient. Clearly inappropriate behaviors, which compromise the integrity of the educational process, include, but are not limited to:

- Unwanted physical contact (such as touching, hitting, slapping, kicking, pushing) or the threat of the same;
- Sexual harassment (see the University of Pennsylvania Policy Sexual Harassment Policy, http://www.upenn.edu/almanac/v50/n20/OR-harassment.html);
- Discrimination based on age, race, gender, sexual orientation, disability, religion, or national origin;
- Requiring learners to perform personal chores (e.g., running errands or babysitting);
- Verbal harassment, including humiliation or belittlement in public or privately;
- Use of grading and other forms of assessment in a punitive or self-serving manner;

Romantic or sexual relationships between a teacher and student (see the University of Pennsylvania Policy on Consensual Sexual Relations Between Faculty and Students, [http://www.upenn.edu/assoc-provost/handbook/vi_e.html](http://www.upenn.edu/assoc-provost/handbook/vi_e.html))

IV. WHAT TO DO IF YOU BELIEVE INAPPROPRIATE BEHAVIOR OR MISTREATMENT HAS OCCURRED

While we believe that the professional behavior is generally practiced and respected by the members of our diverse community of scholars throughout the School of Medicine, we recognize that there may be occasions when real or perceived incidents of unprofessional behavior directed toward learners occur.

The School of Medicine is committed to establishing the facts through a fair process, which respects the rights and confidentiality, to the extent possible, of the involved parties. Exchanges of information, whether verbal or written, will be handled in a confidential manner. However, at any level, there may be situations that limit the ability for confidentiality, such as those involving potential harm to a student or others, including sexual assault.

A complaint should be reported as soon as possible but not more than 90 days after the alleged incident. Several avenues are open to the student who experiences an incident of inappropriate behavior and mistreatment.

A. Informal Pathway

The student may consider speaking directly with the person. If the behavior stems from a misunderstanding or a need for increased sensitivity, the person will often respond positively and stop. Open communication may clarify any misunderstanding or issue(s) and lead to a successful, informal resolution.

B. Counseling and Guidance

A student, who has concerns about the learning environment, may speak with the Course Director, the Office of Student Affairs, an Advisory Dean, a School of Medicine Ombudsperson, or a peer advisor.

All involved parties must agree upon all informal resolutions. For tracking purposes, a written record of the resolution must be filed with the Associate Dean for Student Affairs; however, this can be done without reference to specific names.

C. Consultation with the Associate Dean for Student Affairs

If Steps A or B are not successful or appropriate, a student must refer the complaint to the Associate Dean for Student Affairs, who will make one last attempt at informal resolution.
D. Formal Pathway – Preliminary Inquiry

1. Inquiry into a violation of these standards of conduct committed by any individual, whether or not affiliated with the University, should be initiated by written complaint and filed with the Vice Dean for Education within 90 (ninety) days of the violation.

2. The complaint must be detailed and specific, and accompanied by appropriate documentation. The Vice Dean has the responsibility to protect the position and reputation of the complainant.

3. Upon receipt of a properly documented complaint, which has been made in good faith, the Vice Dean shall inform the respondent of the nature of the charges and identify the complainant. The Vice Dean shall also appoint an inquiry officer, who may not be a member of the same department as, or collaborator with, the complainant or respondent. The inquiry officer shall be unbiased and have appropriate background to judge the issues being raised. He/she must be a faculty member of the School of Medicine. An inquiry officer will be appointed within two weeks of the receipt of a properly documented complaint and the complainant and respondent will be notified. The Vice Dean shall also make every effort to protect the identities of both complainant and respondent with respect to the larger community.

4. The inquiry officer shall gather information and determine whether the allegation warrants a formal investigation. He/she shall then submit a written report to the Vice Dean, the complainant, and the respondent. The report shall state what evidence was reviewed, summarize relevant interviews, and include conclusions. This report shall ordinarily be submitted within 30 calendar days of receipt of the written complaint by the Vice Dean. If the inquiry officer finds that a formal investigation is not warranted, the complainant shall be given the opportunity to make a written reply to the officer within 15 calendar days following receipt of the report to the Vice Dean. However, if the inquiry officer finds that a formal investigation is warranted, the respondent shall be given the opportunity to make a written reply to the report within 15 calendar days following submission of the report to the Vice Dean. Such replies shall be incorporated as an appendix to the report. The entire preliminary inquiry process shall be completed within 60 calendar days of the receipt of a properly documented complaint by the Vice Dean unless circumstances clearly warrant a delay. In such cases the record of inquiry shall detail reasons for the delay.

5. If the report of the inquiry officer finds that a formal investigation is not warranted, the Vice Dean may (i) initiate a formal investigation despite the recommendation of the preliminary inquiry committee, or (ii) not initiate a formal investigation, but take such other action as the circumstances warrant, or (iii) drop the matter. The Vice Dean ordinarily shall complete the review within 10 days of receipt of the report. The Vice Dean shall inform the concerned parties of the decision. In the event the Vice Dean determines, in consultation with legal counsel, not to initiate a formal investigation, the Vice Dean shall, as appropriate, use diligent efforts to restore the reputation of the respondent and to protect the position and reputation of the complainant if the complaint is found to have been made in good faith.

6. If no formal investigation of the respondent is conducted, sufficient documentation shall be kept on file to permit a later assessment of the reasons that a formal investigation was not deemed warranted.
7. If the report of the inquiry officer finds that a formal investigation is warranted or the Vice Dean decides the matter should be pursued through a formal investigation the Vice Dean shall:
   - notify the complainant and respondent;
   - initiate a formal investigation as provided in section E.

E. Formal Investigation

1. To initiate a formal investigation, the Vice Dean shall appoint a formal investigation committee of not less than three individuals, all of whom shall be faculty members of the School of Medicine. The Chair of the Student Standards Committee will chair the formal investigation committee. The formal investigation shall be initiated within two weeks of completion of any inquiry that finds that such an investigation is merited.

2. The formal investigation committee shall undertake a thorough examination of the charges. Whenever possible, interviews shall be conducted with the complainant and respondent, as well as with others having information regarding the allegations. Summaries of these interviews shall be prepared, provided to the interviewed party for comment or revision, and included as part of the file. During its proceedings, the committee shall have access to and consult legal counsel. When appearing before the committee the respondent and the complainant may each be accompanied by an adviser. The student's adviser shall be a School of Medicine faculty member and the respondent's adviser must be a University of Pennsylvania employee. The committee shall not conduct formal hearings. Except in unusual cases, the respondent and the complainant shall not appear before the committee at the same time.

3. Following the completion of its investigation the committee shall submit a written report with full documentation of its upholding the complaint or not to the Vice Dean with copies to the complainant and respondent. This report shall describe the policies and procedures under which the investigation was conducted, how and from whom information was obtained, the findings, and the basis of the findings and texts or summaries of the interviews conducted by the committee. This report shall ordinarily be submitted to the Vice Dean within 60 days of the appointment of the formal investigation committee. The complainant and respondent shall be permitted to make a written reply to the Vice Dean within 15 calendar days of receipt of the report. Such replies shall be incorporated as appendices to the report of the formal investigation committee. The entire formal investigation process shall be completed with 90 calendar days of its initiation, unless circumstances clearly warrant a delay. In such cases, the reasons for a delay shall be documented.

F. Resolution

1. If the report of the formal investigation committee finds the charges to be unfounded, the matter shall be dropped and the concerned parties shall be informed. The Vice Dean has the responsibility to take an active role to repair any damage done to the reputation of the respondent or the complainant (provided the complainant acted in good faith), and to take appropriate action should the Vice Dean determine that the accusation was knowingly false.
2. If the report of the formal investigation committee finds the charges against a respondent to be substantiated, the following offices will be notified.

- For a non-faculty UPHS employee (including but not limited to nursing, house staff, and fellows), the Vice Dean shall inform the UPHS Office of Human Resources.
- If a non-faculty employee of the University of Pennsylvania is named in a complaint and charges are substantiated against him/her, the Vice Dean shall inform the University's Human Resources Office.
- If charges against a faculty member (including Clinical Care Associates) are substantiated, the Vice Dean shall inform the Dean of the School of Medicine who will proceed to take whatever actions are appropriate to the seriousness of the offense and in accordance with University procedures and which consider the previous record of the respondent. For major offenses by members of the standing (including clinical) or research faculties, the Dean of the School of Medicine shall determine whether there is substantial reason to believe that just cause exists for suspension or termination, and shall take other steps as may be appropriate under the University's procedure for Suspension or Termination of Faculty for Just Cause. For less serious offenses which do not warrant suspension or termination, the Dean of the School of Medicine may impose penalties including, but not limited to, removal from a particular project, a letter of reprimand, special monitoring of future work, probation, or below average salary increases, including zero salary increases, for one or more years.

3. The respondent shall have access to all established University grievance and appeal procedures in accordance with the stated jurisdiction of such procedures.

G. Procedures

1. If the Vice Dean is the respondent or in any other way has a conflict of interest or the appearance of a conflict of interest, he or she is obligated to remove him or herself from the case during the preliminary inquiry and formal investigation, and the Dean of the School of Medicine shall appoint someone else to assume responsibility for carrying out these procedures.

2. Complete records of all relevant documentation on cases treated under the provisions of this policy shall be preserved in the Office of the Vice Dean for at least ten years.

3. The School of Medicine may act under these procedures irrespective of possible civil or criminal claims arising out of the same or other events. The Vice Dean, with the concurrence of the Dean of the School of Medicine, after consulting with the Office of the General Counsel, shall determine whether the University shall, in fact, proceed against a respondent who also faces related charges in a civil or criminal tribunal. If the University defers proceedings, it may subsequently proceed irrespective of the time provisions set forth in these procedures.

4. The Vice Dean shall have the authority to take any actions on behalf of the School of Medicine that he or she deems necessary to protect the complainant and/or the respondent, or to address other needs or deliberations related to the situation, pending the investigation and resolution of the complaint.

5. Retaliation against any member of the school community, who comes forward with a complaint or concern, is prohibited. If an individual believes that he or she is being
subjected to retaliation as a result of coming forward with a concern or a complaint, he or she should refer the matter to the Vice Dean.
B. Needle Stick

Exposure to Blood or Body Fluids

Penn Med policy regarding potential exposures is as follows:

Any medical student who sustains a needle stick or other wound resulting in exposure to blood or body fluids should follow the following protocol. Please keep in mind, that drug prophylaxis following a high-risk exposure is time sensitive, therefore you must immediately seek help from the appropriate hospital department.

Immediately wash the affected area with soap and water and cover the area with a dressing if possible. For an ocular exposure, flush thoroughly with water. Inform the supervising resident and immediately report to the areas listed below. Please bring the source patient information with you.

At HUP or the VA
- Go directly to HUP’s Occupational Medicine Division.
- If they are closed, report to the HUP Emergency Department.
- Identify yourself as a medical student who has just sustained an exposure.
- You will see health care provider who is trained in assessing the risk of the exposure. If you are seen in the Emergency Room, an occupational medicine doctor is on-call 24 hours a day to provide immediate consultation on post-exposure drug treatment and counseling. Do not hesitate to ask the physician treating you to page the Occupational Medicine doctor carrying the needle stick pager.
- You will be counseled and advised about post-exposure prophylaxis, if necessary.
- If indicated, you will be given a starter pack of the prophylactic drugs, which are recommended in accordance with the current guidelines of the Center for Disease Control.
- Base-line blood tests will be done on you.
- The physician at Occupational Health will contact the attending physician of the source patient to expedite the process of getting consent to test the source patient.
- You will be given a schedule as to when to return to Occupational Medicine for follow-up testing.

If you are at the following hospitals, please go to the place listed. You will be treated in accordance with the hospital’s needle stick policy for healthcare workers. All affiliated hospitals’ needle stick policies have been reviewed by the Director of Infection Control for HUP
and meet established standards. All follow-up testing for the students is done at HUP Occupational Health. Students should bring their records to HUP Occupational Health so that appropriate follow-up testing can be scheduled. 

**Children’s Hospital of Philadelphia** – Report to Occupational Health Service during weekdays or to the Nursing Supervisor on weekends and evenings.

**Pennsylvania Hospital** - Report to Employee Health or to the Emergency Room if they are closed.

**Presbyterian Hospital** – Report to Occupational Medicine or to the Emergency Room if they are closed.

**Reading** - Report to HUP Occupational Medicine or the Emergency Room at Reading

**Billing Procedures**

All expenses that a student incurs, associated with needle sticks, will be paid for by the School of Medicine. At HUP or Presbyterian, these charges should automatically be billed to the School. However, if you do receive a bill for any of these services, please bring it to Nancy Murphy in the Office of Student Affairs immediately, so that the charges can be transferred to the school account. At affiliated hospitals, typically the bill will be sent to your home address. Please bring it to Nancy Murphy immediately so that the School of Medicine can pay the bill.
C. HOLIDAY POLICY

Modules 4 and 5 Holiday Policy (http://www.med.upenn.edu/student/holidays.html)

Students are allotted the following holidays: Memorial Day, July 4th, Labor Day, and Thanksgiving (5PM Wednesday to 5AM Monday) and summer and Winter breaks (see the academic calendar for details).

The School of Medicine recognizes that there are other holidays, both religious and secular, which are of importance to some individuals and groups. Students who wish to observe these holidays must inform the course director before the course begins and during the site selection process, if applicable. The course director may provide the student with an alternative arrangement to make-up the day(s) missed, on-call assignments, exams, etc. The timing of make-up work is at the discretion of the course director and may fall during vacation periods. Missed days which can't be completed before the course end date will result in a grade of "Incomplete".

This general policy does not apply to sub-internships (where the student substitutes for an intern on a patient care team) or externships (where the student functions as an additional intern on a patient care team). In these situations, coverage is dictated by patient care needs, and holiday observances are the prerogative of the department involved. Students are advised to obtain departmental holiday policies prior to starting these rotations (and in the case of electives, prior to selecting the elective), and to discuss any special needs with the course director as far in advance as possible.
VI. APPENDICES

EM 200 evaluation form:
Emergency Medicine Clerkship Evaluation 2

Course Information

<table>
<thead>
<tr>
<th>Date</th>
<th>Course</th>
<th>Location</th>
<th>Weeks</th>
<th>Credits</th>
</tr>
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<tbody>
<tr>
<td>01/01/2006 - 01/31/2006</td>
<td>XXX-YYY: Department Course</td>
<td>Location</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

Evaluation Period: 01/01/2006 - 01/31/2006

Evaluator: Evaluator name

Student: Student name Email: oasis@mail.med.upenn.edu

PATIENT CARE

1. HISTORY TAKING
   - 1 Incomplete and disorganized history; very poor interview skills
   - 2
   - 3 History lacks focus; barely adequate interview skills
   - 4
   - 5 Takes an appropriate history; adequate interview skills
   - 6
   - 7 Thorough and appropriate history; excellent interview skills
   - N/A Not Able to Assess

2. PHYSICAL EXAMINATION
   - 1 Incomplete and disorganized; major deficiencies in technique
   - 2
   - 3 Fails to follow-up/define clinical findings; some deficiencies in technique
   - 4
   - 5 Performs an appropriate and technically sound physical exam
   - 6
   - 7 Exceptionally thorough exam with careful attention to clinical findings; excellent technique
   - N/A Not Able to Assess

MEDICAL KNOWLEDGE

3. ACTUAL KNOWLEDGE
   - 1 Fund of knowledge is inadequate
   - 2
   - 3 Weak knowledge base but shows potential for improvement
   - 4
4. PROBLEM SOLVING
   - 1 Unable to integrate the elements of a clinical knowledge base; has no or only rudimentary problem solving ability
   - 2
   - 3 Still learning how to integrate the elements of a clinical database but shows potential for improvement
   - 4
   - 5 Able to synthesize most aspects of the clinical database into a solid differential diagnosis and/or overall plan
   - 6
   - 7 Integrates all aspects of the clinical database completely and succinctly; produces sophisticated differentials and/or plans
   - N/A Not able to assess

PRACTICE-BASED LEARNING AND IMPROVEMENT

5. INTEGRATION OF INSTRUCTION
   - 1 Little evidence of supplemental reading
   - 2
   - 3 Completes reading and study assignments
   - 4
   - 5 Does some supplemental as well as assigned reading
   - 6
   - 7 Self-motivated to expand knowledge; intellectually curious
   - N/A Not able to assess

6. EFFICIENCY AND EFFECTIVENESS
   - 1 Works slowly and in a disorganized manner
   - 2
   - 3 Basically organized but needs to be better focused
   - 4
   - 5 Organizes workload in an efficient and effective manner
   - 6
   - 7 Remarkably well organized and efficient
   - N/A Not able to assess

INTERPERSONAL AND COMMUNICATION SKILLS

7. HUMANISM AND INTERPERSONAL SKILLS
   - 1 Insensitive to patients and families feelings, needs and wishes
   - 2
   - 3 Sometimes has difficulty establishing rapport with patients and families
   - 4
   - 5 Relates well to most patients and family members
   - 6
   - 7 Consistently demonstrates respect, empathy and compassion
   - N/A Not able to assess

8. ORAL PRESENTATIONS
   - 1 Incomplete and disorganized; major deficiencies in characterization of clinical issues
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<tr>
<td><strong>2</strong></td>
<td></td>
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<tr>
<td><strong>3</strong></td>
<td>Presentations incomplete; some omissions/inaccuracies in characterization of clinical issues</td>
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<td><strong>4</strong></td>
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<tr>
<td><strong>5</strong></td>
<td>Adequate delineation of primary problem with reasonable characterization of clinical issues</td>
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<td><strong>6</strong></td>
<td></td>
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<tr>
<td><strong>7</strong></td>
<td>Clear delineation of primary and secondary problems; excellent characterization of all clinical issues</td>
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<tr>
<td><strong>N/A Not Able to Assess</strong></td>
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### 9. WRITTEN WORK

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<tbody>
<tr>
<td><strong>1</strong></td>
<td>Recorded findings are inadequate; major deficiencies in analysis of problems</td>
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<td><strong>2</strong></td>
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<tr>
<td><strong>3</strong></td>
<td>Lapses in recorded findings; some omissions/inaccuracies in analysis of problems</td>
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<td><strong>4</strong></td>
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<td><strong>5</strong></td>
<td>Recorded findings are appropriate; analyzes primary problems in a complete manner</td>
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<td><strong>6</strong></td>
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<tr>
<td><strong>7</strong></td>
<td>Recorded findings are well-organized, conscientious, and accurate; detailed analysis of all health care issues</td>
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<td><strong>N/A Not Able to Assess</strong></td>
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### SYSTEMS-BASED PRACTICE

#### 10. DISEASE PREVENTION/ROUTINE HEALTH MAINTENANCE

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<tr>
<td><strong>1</strong></td>
<td>Rarely raises prevention/routine health maintenance with patients or incorporates these needs into health care plan</td>
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<td><strong>2</strong></td>
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<tr>
<td><strong>3</strong></td>
<td>Acknowledges importance of prevention/health maintenance needs with other elements of the health care plan</td>
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<td><strong>4</strong></td>
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<tr>
<td><strong>5</strong></td>
<td>Generally able to integrate prevention/health maintenance needs with other elements of the health care plan</td>
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<td><strong>6</strong></td>
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<tr>
<td><strong>7</strong></td>
<td>Expert in integrating prevention/health maintenance principles and practices into the health care plan</td>
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<td><strong>N/A Not Able to Assess</strong></td>
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### FEEDBACK

11. Has the student accepted and incorporated feedback?

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<tr>
<td><strong>No</strong></td>
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<tr>
<td><strong>Yes, but with concerns</strong></td>
<td></td>
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<tr>
<td><strong>Yes</strong></td>
<td></td>
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<tr>
<td><strong>N/A Not Able to Assess</strong></td>
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12. If you answered YES, BUT WITH CONCERNS or NO to the question listed above, comments MUST be provided.

### PROFESSIONALISM

Professionalism is a code of conduct (behavior) which includes: Honesty/Integrity; Responsibility/Reliability; Dependability/Punctuality; Respect for Others; Altruism; Empathy; Commitment to Competence and Excellence; Self Assessment/Self Improvement; Respect for Patients

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<td><strong>13.</strong></td>
<td>Has the student met minimal competency in ALL domains of professionalism?</td>
</tr>
<tr>
<td><strong>No</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Yes, but with concerns</strong></td>
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<tr>
<td><strong>Yes</strong></td>
<td></td>
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<tr>
<td><strong>N/A Not Able to Assess</strong></td>
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14. Please provide comments on any aspect of the student's PROFESSIONAL BEHAVIOR. Strengths or weaknesses can be noted.

MEDICAL KNOWLEDGE and SKILLS
15. Has the student achieved minimal competency for medical knowledge and skills?
   - No
   - Yes, but with concerns
   - Yes
   - N/A Not Able to Assess

16. If you answered YES, BUT WITH CONCERNS or NO to the question listed above, comments MUST be provided.

OVERALL COMMENTS (50 words is a recommended minimum)
17. Please describe the student's strengths.

18. Please describe areas in which improvement is needed.

19. CLINICAL GRADE
   - Withdraw
   - Uncomplete
   - Unsatisfactory
   - Fail
   - Low Pass
   - Pass
   - High Pass
   - High Pass/Honors
   - Honors
   - N/A Not able to assess
Each month, EM200 medical students rotate through the ED on a 3-week required clerkship. In the U Penn system, they are 1.5-year medical students, because they start their clinical clerkships in January of their 2\textsuperscript{nd} year. Students who rotate through the ED in January are the least experienced, whereas those we see in later months have a better understanding of patient care. At the beginning of their rotation, students are given a general rotation on how the ED functions, how to approach ED patients, EMTRAC use, and what their role is as a medical student.

**EM 200 student roles and responsibilities**

**Week 1:** Each student is paired up with a PGY-2, PGY-3, or PGY-4 resident for their shift.

- **Student responsibilities:** To shadow their resident during the shift and learn ED patient management.

- **Student objectives:** To learn about the focused H&P, to hear succinct oral presentations by the resident to the attending, and to understand the practical aspects of ordering labs & radiology, follow-up on tests, to help manage general patient care issues, and to perform procedures on those patients (e.g. phlebotomy, IV insertion, laceration repair, etc).

**Week 2:** Each student is paired up with a PGY-2, PGY-3, or PGY-4 resident for their shift. The resident MUST make sure that the patient is stable before the student begins the evaluation.

- **Student responsibilities:** To identify a patient that needs to be seen, notify their resident about the patient they are about to see, perform a focused H&P within 20 minutes, and present a 3-5 minute oral presentation with a management plan to their resident.

- **Student objectives:** To learn how to perform a focused H&P and a succinct oral presentation to the resident, to follow-up on all diagnostic studies on their patients, and to perform all procedures that need to be done.

**Week 3:** Each student is paired up with a PGY-2, PGY-3, or PGY-4 resident for their shift. The resident MUST make sure that the patient is stable before the student begins the evaluation.

- **Student responsibilities:** To identify a patient that needs to be seen, notify their resident about the patient they are about to see, and perform a focused H&P within 20 minutes. They should perform a 3-minute oral presentation to the attending or the senior resident, with the resident involved in and present for the discussion. The resident is not required to write a note on the patient. The resident must co-sign all patient orders, call doc-to-doc for admitted patients, and help clarify discharge instructions for the patient.

- **Student objectives:** In addition to above objectives, students should use this week to hone their oral presentation skills.

**EM200 students are NOT to see patients or discharge patients primarily.**
**EM200 students are NOT to call doc-to-doc report on admitted patients.**
**EM200 students are NOT to perform procedures without supervision.**
**EM200 students are expected to write H&P notes in the computer record.**