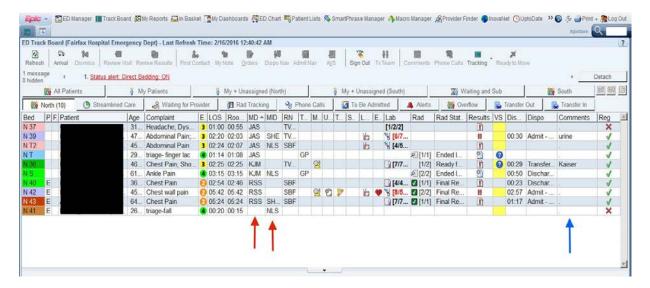
Clinical Rotation Guidelines (updated August 2017)

1) When you arrive to your shift, introduce yourself to the attending(s) and sign on to EPIC. Find the patient with the longest wait time that has not been seen yet by an attending or resident/PA (boxes that red arrows are pointing to are blank). Write in the comments section (blue arrow), "Medical Student seeing" and LET THE ATTENDING KNOW. They will also sign on to the patient as well. After you see the patient, come out and present to the attending.



- 2) Students may wear either scrubs or street clothes. Street clothes should be neat and professional (tie not required). Appropriate closed footwear should be worn. Students are required to wear short white coats and clearly visible nametags at all times while working clinically in the Emergency Department.
- 3) Food and drink are not allowed in the Emergency Department patient care areas (esp. at your computer). You may keep food and drink in nearby designated cupboards that staff can point you to during your first shift. Please adhere to this very important patient care rule!
- 4) **Hand hygiene** is another **important** part of patient care and any breaches will be taken seriously. 5 points where we need hand hygiene are: a) Before walking into a room or touching the patient, b) Before clean or aseptic procedures, c) After body fluid exposure, d) After touching a patient, and e) After touching patient surroundings. (If you foam behind a curtain or foam and walk across a hall into another room, even if you touch NOTHING in-between, it is not sufficient. Additionally, wearing gloves does not obviate the need for hand hygiene. You should foam before and after glove use. Do not wear gloves out of the room and walk around.)

- 5) We expect 4th year students to be more than HPI machines. You are an acting intern and should "OWN" your patients. You should know which lab and radiology studies are ordered on your patient. You should ensure that the tests are completed and that you have seen all the images or lab results. You should expect to analyze data, obtain old records when appropriate and place appropriate pages. You should be aware how your patient is doing after any treatment is instituted. Also, plan to assist in communicating the results of tests and disposition plan to family. Additionally, plan to assist in communication with hospitalists, specialists and PCPs for consults and admissions.
- 6) This is not a trauma rotation so there is no hands-on with trauma codes (though you WILL see many non-trauma code patients with serious traumatic injuries). You can check with your attending about "observing" a trauma. However, the ultimate decision whether or not to have "observers" in the trauma rooms will be up to the attending.
- 7) Try to be proactive to get procedures. Try to gain competence in all of the procedures performed in ER -- including "nursing" and "tech" procedures such as IV access, cardiac monitor, Splint placement, Foley catheter, NG tube, ABG's, and others such as laceration, spinal tap. For more advanced procedures, such as intubation, central lines and chest tubes, be prepared to put on gloves and assist. After you have seen a few, you may get a chance to perform one.
- 8) You must notify an attending if you leave the ER for a lunch break, to see a procedure, to attend a lecture or to leave at the end of shift. If there is a student coming on shift at the end of yours, be prepared to hand-off your patient's care to them. If there is not, be prepared to update the attending on the status of your patient when you leave, essentially "signing-out" to the attending.
- 9) Many of our patients do not speak English as a first language. For these patients you must offer an interpreter (unless you are fluent in the language). If the family declines the interpreter it is ok to use an ADULT family member to interpret (although this is less than ideal). NEVER use a child to interpret. Similarly interpreters MUST be provided for all patients or family members who are hearing impaired.
- 10)Please respect the privacy of your patients. Often there are additional family members and friends in the room. Before you perform your H and P, please ask who these people are and if it is ok to ask questions with them present. Do not assume that the patient is willing to answer "sensitive" questions even if the person in the room is a close family member.
- 11)Most of all, this rotation should be both educational and fun. Although your primary responsibility is for your one or two patients at a time, you can still learn from all the other patients in the emergency department. If you are eager

to learn and help, the residents, attendings and nursing staff will be eager to teach you and discuss interesting cases, show you interesting physical findings etc.

12) Finally, if at any time you have a negative interaction with a physician or nursing staff member and are concerned for mis-treatment, please do not hesitate to notify Dr. Lee or Dr. Fullerton. This is an exceedingly rare but extremely important issue. Notification will not negatively affect your grade in any way. We will respect any concerns for anonymity that you may have and work with you to solve the problem. We cannot address and fix issues if we are not notified of their occurrence.