

PED 405: PEDIATRIC EMERGENCY MEDICINE STUDENT CLERKSHIP 2017-2018 SYLLABUS, POLICIES AND PROCEDURES

Course Contacts

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Welcome

Welcome to Pediatric Emergency Medicine at Children's National! Pediatric Emergency Medicine 405 is available to the following students:

- GW MS4 medical students in good academic standing;
- Visiting MS4 medical students from accredited LCME medical schools, and in good academic standing;

The Pediatric Emergency Medicine Clerkship (PED 405) satisfies the Emergency Medicine selective requirement for GW medical students.

Students enrolled in PED 405 will rotate through Children's National Medical Center Emergency Department (CNMC). CNMC's Emergency Department is an urban, academic emergency facility and a Pediatric Level I Trauma Center, providing care to more than 90,000 patients each year.

Students will be joining a staff of board-certified pediatric emergency medicine (PEM) attendings, clinical associates (general pediatricians), PEM fellows, residents, physician assistants, nurse practitioners, nurses, trauma technologists, technicians and support personnel who are committed to excellence in education and patient care. Students should be prepared for a demanding, rich and rewarding clinical and didactic experience.

The purpose of the Pediatrics Emergency Medicine Clerkship is to introduce students to the care of the acutely ill and injured patient in an emergency setting. During the course of this rotation the student will supervised by attendings, fellows, and clinical associates. The students will be the first line for presentations of new illnesses, triage of patients and disposition including admission.

Students will perform the history and physical and will initially present to a pediatrics or emergency medicine resident, and then **jointly** will subsequently present to attendings. Students will create

differential diagnoses and management plans. Students will be exposed to or trained on EBM through clinical care settings and clinical decision support.

All students are expected to report on the first Monday (or first Tuesday if Monday is a university holiday) of the clerkship at 6:30 am for a mandatory orientation session in the UME Office at Children's National (3.5 West Wing). Students will not be allowed to start the rotation without completing the orientation. (*Please consider rescheduling this rotation if you are unable to attend the Monday and Tuesday orientation sessions.*) You must complete the online training for Cerner/FirstNet as instructed by the UME Office by the Wednesday before the start of your rotation to get your Cerner access to FirstNet.

If you are a visiting student and currently use Cerner/FirstNet at your institution, you are still required to review the materials, take the test, and print your certificate prior to orientation and training.

Course Objectives

This Clerkship contributes to the [Medical School Program objectives](https://smhs.gwu.edu/academics/md/curriculum/objectives) as listed below. The complete list of Program Objectives is included in the syllabus and can be found at: <https://smhs.gwu.edu/academics/md/curriculum/objectives>

By the conclusion of the Pediatrics Emergency Medicine Clerkship students will be able to:

1. Illustrate a diagnostic and therapeutic plan for a patient with an acutely life or limb threatening condition. (MK3, MK7, MK8, PC4, PC5, PC6, PC7, ICS6, PBLI-4, PBLI-6) (Learning Sessions 2, 6, 7, 8, 9, 13, 14)
2. Apply basic science and clinical principles to the emergency medicine patient. (MK1, MK2, MK3, MK4, MK5, MK6, MK7, MK8, MK10) (Learning Sessions 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14)
3. Demonstrate the ability to express findings of a complete but directed history and physical examination in a clear and concise manner. (PC2, ICS3) (Learning Sessions 2, 13, 14)
4. Apply a hierarchy of acuity and likelihood to a differential diagnosis and patient care plan that accounts for "worst case scenario" and most likely etiologies for a pediatric patient's clinical presentation. (MK3, MK7, MK8, PC4, PC5, PC6, PBLI-4, SBP6) (Learning Sessions 2, 6, 7, 8, 9, 10, 13, 14)
5. Demonstrate an appropriate pediatric patient disposition plan. (MK7, MK8, PC4, PC5, PC6, PC8, ICS8, PBLI-4, PBLI-6, SBP2, SBP5, SBP6) (Learning Sessions 2, 13, 14)
6. Demonstrate effective communication skills with pediatric patients, caregivers, primary care physicians and other members of the ED interprofessional care team. (ICS1, ICS6, ICS8, P6) (Learning Sessions 2, 13, 14)
7. Demonstrate ethical, responsible and empathic behavior with pediatric patients and ED clinical staff. (ICS1, P2, P3) (Learning Session 13, 14)
8. Discuss the scope of emergency medicine (public health, pre-hospital and ER) care to the healthcare system at large. (MK1, PC8, ICS6, SBP5) (Learning Sessions 12, 14)

Satisfy the following Required Clinical Encounters Log by entering into the MedHub Procedural Skills Log (Learning Sessions 2, 3, 4, 5, 14, 15):

REQUIRED CLINICAL PROCEDURAL SKILLS	
CLINICAL PROCEDURES	MINIMUM LEVEL OF STUDENT INVOLVEMENT
EKG (Interpretation)	Assist
Venipuncture + Peripheral Intravenous Catheter Insertion	Assist (4)
Extremity Splint (Application)	Assist
Cutaneous Suture Repair	Assist
Urinary catheter insertion	Observe
Abscess I&D	Assist

REQUIRED CLINICAL ENCOUNTERS			
REQUIRED CLINICAL ENCOUNTERS	MINIMUM LEVEL OF STUDENT INVOLVEMENT	LOCATION OF ACTIVITY	ALTERNATIVE LEARNING EVENT (IF ENCOUNTER IS NOT SATISFIED OTHERWISE)
Acute Fever, Undifferentiated	Assisted	Pediatric Emergency Department	Asynchronous online learning module
Acute Abdominal Pain, Undifferentiated	Assisted	Pediatric Emergency Department	Asynchronous online learning module
Acute Altered Consciousness, Undifferentiated	Assisted	Pediatric Emergency Department	Asynchronous online learning module
Acute Respiratory Distress, Undifferentiated	Assisted	Pediatric Emergency Department	Asynchronous online learning module
Cutaneous Laceration, Acute Traumatic	Assisted	Pediatric Emergency Department	Tissue lab
Extremity / Joint / Orthopedic Injury, Acute Traumatic	Assisted	Pediatric Emergency Department	Splinting lab
Acute Headache, Undifferentiated	Assisted	Pediatric Emergency Department	Asynchronous online learning module
Resuscitation, Acute Medical or Trauma	Observed	Pediatric Emergency Department	Simulation Center
Shock (hypovolemic / cardiogenic / distributive / obstructive)	Observed	Pediatric Emergency Department	Simulation Center

Course Learning Sessions

1. Course Orientation
2. Simulation Lab (Objectives 1, 2, 3, 4, 5, 6)
3. Emergency Sonography Lab (Objective 2)
4. Wound Care / Laceration Repair Lab (Objective 2)
5. Orthopedic Care / Splinting Lab (Objective 2)
6. Acute Undifferentiated Chest Pain / EKG Interpretation Session (Objectives 1, 2, 4)
7. Acute Undifferentiated Dyspnea Session (Objectives 1, 2, 4)
8. Acute Undifferentiated Abdominal Pain Session (Objectives 1, 2, 4)
9. Acute Altered Mental Status Session (Objectives 1, 2, 4)
10. EENT Emergency Session (Objectives 1, 2, 4)
11. Evidence-Based Medicine Session (Objective 2)
12. Disaster Response / Emergency Management Session (Objectives 2, 8)
13. Rapid Assessment, Triage & Stabilization (RATS) Session (Objectives 1, 2, 3, 4, 5, 6, 7)
14. Clinical Shifts (12 in total) (Objectives 1, 2, 3, 4, 5, 6, 7, 8)
15. ED Technical Skills (EKG Acquisition, IV Line Insertion) Session (Objective 9, 10)

PED 8405 Clerkship Schedule

Week 1

	Monday	Tuesday	Wednesday	Thursday	Friday	Sat /Sun		
7a			7a-8a	7a-8a	Clinical Shifts (As Scheduled)	Clinical Shifts (As Scheduled)		
8a	630a Orientation at CNMC GME Office Ensure computer access working	Orientation at CNMC (alternate) Learning Sessions (GW)	Wound Care Lecture and Lab Ross Hall X	8a-9a				
9a				Learning Sessions				
10a				Ross Hall X				
11a	Learning Sessions (GW)							
12p	Noon-1p	Noon-1p	Noon-1p	Noon-1p				
1p	Learning Sessions HF B103	Resuscitation/ Sonography Lab CLASS Center, Ross Hall	Orthopedic Splinting/ Reduction Lab Ross Hall X	Learning Sessions				
2p				Ross Hall X				
3p								
4p								
5p	ED Technical Skills	ED Technical Skills	ED Technical Skills	ED Technical Skills				
6p								

Weeks 2-4

Monday Tuesday Wednesday Thursday Friday Sat/Sun

Clinical Shifts (As Scheduled)	Clinical Shifts 11a-1p Trainee Educational Talks (ED Conference Room) (As Scheduled)	Clinical Shifts (As Scheduled)	Clinical Shifts (As Scheduled)	Clinical Shifts (As Scheduled)	Clinical Shifts (As Scheduled)
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- Week One Core Lecture Series Students attend a four-day immersion series in Emergency Medicine, which includes core lectures on the undifferentiated patient; EKG interpretation; labs on laceration repair, wound management and fracture reduction and splinting; and simulation sessions on acute resuscitation and emergency sonography. All sessions are mandatory; any absences from core lectures/labs that have been excused by the Clerkship Director may be made up through completion of a 5-page case report and discussion.
- Weekly Tuesday Education Weekly teaching sessions are held on Tuesdays from 11am-1pm in the ED Conference Room. These sessions are required for all students rotating through the Pediatric Emergency Medicine Clerkship.
- Optional Educational Sessions CNMC Grand Rounds are on Wednesdays at 8am in the Auditorium (September through May) and Professorial Rounds are on Thursdays at 12noon in the Auditorium. Students are excused from their shift to attend these sessions.

Course Clinical Sessions

All students will complete 12 clinical sessions (“shifts”) during the four-week course, as follows:

Hospital Location	Department Area	Number of Shifts
CNMC	A/B	6
CNMC	C	3
CNMC	D	3

Clinical session schedules will be provided to students; students may, however, request one (1) three-day weekend off, and one (1) additional day off during the four-week course.

If the student requires additional schedule changes (for residency interviews, family or health emergencies) approval from the clerkship director must be obtained in advance of scheduled sessions. Unexcused absences may result in an incomplete grade/failing the rotation.

All excused shifts or missed required didactic sessions must be completed within 30 days of the scheduled rotation. If shifts are completed after 30 days the student may receive a conditional pass for the rotation, and may be ineligible for honors, high pass, or a traditional pass.

Required Readings

Students are required to review the following core topics in Emergency Medicine:

Abdominal aortic aneurysm	Hypokalemia	Biliary disease	Testicular Torsion	COPD
Acute coronary syndrome	Thyroid storm	Bowel obstruction	Cerebrovascular accident	Pneumonia
Thoracic aortic	Burns & smoke	Massive GI bleed	Intracranial	Pneumothorax

dissection	inhalation		hemorrhage	
Acute heart failure	Envenomation	Mesenteric ischemia	Meningitis	Sepsis
Pulmonary embolism	Hyperthermia	Perforated viscous	Seizure	
Hyperglycemia	Hypothermia	Ectopic pregnancy	Acute agitation	
Hypoglycemia	Drowning Incidents	Pelvic inflammatory disease	Suicidal patient	
Hyperkalemia	Appendicitis	Ovarian torsion	Acute asthma exacerbation	

Below is a list of available resources students may use to review these topics.

1. Pediatric Specific Resources:

- The Harriet Lane Handbook (Engom & Flerlage, 20th ed)
- Strange and Schafermeyer's Pediatric Emergency Medicine (Schafemeyer, 4th ed)
- Fleischer and Ludwig's Pediatric Emergency Medicine (6th ed.) Available at:
<http://proxygw.wrlc.org/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=c at02146a&AN=hhs1.b1584056&site=eds-live&scope=site&authtype=ip.uid&custid=s8987071>

2. Clerkship Directors in Emergency Medicine (CDEM) Online Curriculum

- Core modules covering high-yield topics (listed in the table above) in Emergency Medicine for medical students.
- The modules can be found on www.cdemcurriculum.org.

3. Textbooks

- Harwood-Nuss' Clinical Practice of Emergency Medicine (Wolfson, 5th Edition.)
- Tintinalli's Emergency Medicine: A Comprehensive Study Guide (7th Edition)
- Rosen's Emergency Medicine – Concepts and Clinical Practice (8th Edition)

Hard copies of these texts can be found at the Himmelfarb Library or online at:

<http://www.gwumc.edu/library/eresources/etextbook.cfm>

4. Popular Review Books:

- Case Files Emergency Medicine (3rd Edition)
- PreTest Emergency Medicine (Rosh, 3rd Edition)

5. Noteworthy Emergency Medicine Blogs:

- Available at:
<https://www.gwumc.edu/smhs/emed/intranet/viewdocu.cfm?cat=StudentResources&role=Attending&usertype=Regular&click=1&catID=4>

Grading & Evaluation

At the conclusion of each shift, students will receive from the supervising physician written feedback in their MedHub account in the form of the shift clinical encounter evaluation form. For completion of PED 8405, students must have received **12 shift clinical encounter evaluations electronically signed by the**

supervising physician with whom they worked during each shift. Failure to do so may result in an incomplete for this course.

80% of the student's overall course grade is derived from the shift evaluations and will be used to populate GW's Uniform Clinical Evaluation (where Honors is outstanding performance, High Pass is excellent, Pass is very good, Conditional is marginal performance with remediation suggested/required), and Fail is unacceptable performance). 20% of the grade is derived from evaluation of attendance and participation in mandatory learning sessions and clinical activities). All required course activities (12 clinical shifts, required clinical encounters logs, required procedural skills logs, required learning sessions) must be completed to receive a course grade for the Pediatric Emergency Medicine Clerkship.

Assessment	Percent of Final Grade
Shift Evaluations/Uniform Clerkship Evaluation – Overall Global Rating Scale	80%
Attendance and Participation in mandatory learning sessions and clinical activities	20%

Please refer to the GWU SMHS Policies for information regarding grade appeals (smhs.gwu.edu/policies).

Honor Code

All conduct, examinations, papers, and other assignments are to occur professionally and in accordance with the George Washington University School of Medicine and Health Sciences Honor Code.

Disability Support Services

Any student who may need an accommodation based on the impact of a disability should contact the Office of Disability Support Services (DSS) to inquire about the documentation necessary to establish eligibility, and to coordinate a plan of reasonable and appropriate accommodations. DSS is located in Rome Hall, Suite 102. For additional information, please call DSS at 202-994-8250, or consult www.disabilitysupport.gwu.edu.

Reporting to Work: Day One

Students are expected to arrive on time for a clinical shift dressed in comfortable but professional attire. Professional attire is also expected at orientation and any lectures/educational sessions held within the GW or CNMC hospital. Scrubs are allowed (but are not supplied) and should be matching. Students are expected to wear white coats and clearly display a student ID at all times.

At the beginning of each shift, students assigned to work will introduce herself/himself to the supervising physician leader of the lettered clinical service to which the student is assigned. There are 4 clinical services (A, B, C, D) at CNMC. Students should then introduce themselves to all members of the team that they will be joining.

The CNMC ED team includes:

- a. Attending Physician, Fellow or Associate
- b. +/- Physician Assistant
- c. +/- Resident
- d. Nurse
- e. Medical or PA student
- f. On most occasions there is a nurse extender or technician assigned to each service
- g. There are 1 or 2 unit clerks on at any time assigned to the entire ED

A. Initial patient evaluation

When a student is ready to begin evaluating a new patient, she/he should sign up for that patient in the appropriate column on the CERNER patient tracking board. A patient's status can change quite rapidly in the Emergency Department. If a student is ever concerned about the status of a patient, the student should find a resident or supervising physician to evaluate the patient immediately. Student should knock to enter the patient's room and introduce themselves as "medical student (name)." Students are expected to perform a complete, but focused, history and physical examination. It is important that the student:

- a. Identify the chief complaint;
- b. Establish an accurate HPI;
- c. Gather data on the Social, Family and Past Medical History;
- d. Formulate a differential diagnosis;
- e. Establish a diagnostic and therapeutic plan;
- f. Identify critically ill patients quickly, and alert the resident and/or supervising physician of such patients immediately;
- g. Remain polite, thoughtful and conscientious with patients, staff and visitors.

Students are NOT expected to see all the patients on their teams. Rather, students are expected to function at the level of an acting intern (A.I.) and to take primary responsibility for up to 3 patients at a time. Students are expected to manage the care and disposition of these patients under the guidance of the residents and attending. The student will be responsible for following up on results for diagnostic studies, labs, and consultations.

Students should expect to perform physical exam procedures, including genitourinary exam procedures, on patients they follow; all genitourinary exam procedures, breast exams and other

sensitive examinations (e.g. rectal examinations) should be performed in the presence of a resident or attending chaperone of the same gender as the patient.

B. Presenting patients

When students have finished evaluating the patient, they should present the case and discuss the diagnostic and therapeutic plan with **a resident (on A/B side)** or the supervising physician (C/D side). On A/B side, the student and resident will then jointly present the patient to the supervising physician. When presenting a case to physicians in the ED, it is important to note that the presentation of a case in the ED is different from the format expected in other specialties. Presentations should be between 30 seconds to 3 minutes in length, depending on the complexity of the case. Rather than a SOAP pattern, students will be expected to present in a format that highlights the patient's acuity and presenting medical condition, followed by a streamlined account of the planned diagnostic and therapeutic work-up. One method for achieving this is to use the mnemonic: **I CASE RAP**

Introduce:

Name, Age, Sex, Room number

Complaint: Should be as succinct as possible. The CC maybe well defined, ill-defined, single or multiple.

Eg: Chest pain (well-defined)
Weak and dizzy (ill-defined)
Weak, dizzy and nauseated (multiple)

If there are multiple chief complaints, it is important to convey/list the most acute/important complaint first and to relay the urgency of the other complaints.

Acuity: Can be a combination of patient appearance and hard findings

Eg. "Seems to be in a great deal of pain" (appearance)
Is hypotensive and tachycardic with a BP of 90/60 and a pulse of 140 (hard findings)

Subjective: A summation of the CC and HPI with pertinent positives and negatives as well as any pertinent positives and negatives from the PMHx, Social and Family history

Evidence: All pertinent positive and negative findings as they relate to the chief complaint(s)

Rule outs: Basically your differential diagnosis, what you think the patient might have. Include all possible diagnoses that might have disastrous outcomes if unrecognized.

Approach: How you want to work up the case. This is usually a blend of diagnostic testing and therapy. Diagnostic and therapeutic plan as it relates to the conditions you want to rule out. Diagnostic decisions should be made with an understanding of what can reasonably be accomplished in the ED. Remember: diagnostic plans do not have to be completed before therapy can be initiated. For example, if your clinical suspicion for pneumonia is quite high, you might want to initiate antibiotic therapy prior to obtaining chest x-ray results. In the ED, we often have to make therapeutic decisions with incomplete diagnostic testing.

Punchline: 1 – 2 sentence summation of the case.

Other great approaches to presenting in the ED exist. You can review the following for further models of presentation. **Davenport, Chris et al. "The Three Minute Emergency Medicine Medical Student Presentation: A Variation on a Theme. Academic Emer. Med. 2008 15:633-687.**

C. Writing orders

Students may enter orders (except medication orders) into the CERNER order entry system, but they must be cosigned by the supervising physician or resident before anyone can see it. Make sure to communicate clearly with your supervising physician if you have placed an order because it needs co-signature.

We encourage students to ask questions rather than making any assumptions about what the correct way to enter diagnostic or therapeutic orders. If orders have already been entered by another person (e.g., if the patient was already evaluated by a physician), the student should review the orders. If there are any discrepancies the student should discuss them with the ordering physician. It is important that all members of the care-giving team understand the workup that the patient is receiving. This allows there to be a system of checks and balances that further decreases the possibility of errors and minimize unnecessary diagnostic and therapeutic interventions.

D. Procedures

Students are encouraged to perform, under resident and/or supervising physician supervision, many procedures on patients they are following. Communication with the entire treatment team (including the Physicians, Nurses and ER Technician) prior to starting any procedure is necessary to ensure patient safety and provider accountability.

Students should inform the physicians and residents with whom they are working of their comfort level and educational goals when opportunities to perform procedures arise. Students should expect to be observed performing venipuncture and peripheral venous access (insert an IV) on a patient or a simulated patient during the rotation. Students should expect to be involved in all procedures performed for patients for whom the student is following, and should make every attempt to be involved in advanced procedures that are less frequently performed, including endotracheal intubation, tube thoracostomy, and arthrocentesis.

Procedures including venipuncture, IV placement, urinary catheterization, and splint application are performed by nurses and techs in the Emergency Department. Procedures such as suturing and abscess incision and drainage are often performed by the physician assistants and trauma technologists. To observe and assist in these procedures, the students must contact the team members performing the procedure to coordinate assisting and observing. These folks are the best teachers for these procedures for the student to become comfortable with the procedure.

E. Documentation

Students will be expected to fully document the charts on the patients that they are following. Documentation will be addressed in the Cerner orientation but here are a few key points:

- a. Students should “sign” all charts when completed; these charts will then be amended and signed by residents and/or faculty.
- b. Students should complete an HPI template (“checking boxes” related to attributes of the chief complaint) and then enter a brief narrative describing the HPI under the “other” section of the CERNER HPI.
- c. Time-stamped serial exams and discussions with consulting services should be documented in “Reevaluation” section within the CERNER Powernote.

F. Patient dispositions

Patient disposition decisions (admission or discharge) may be made by the supervising physician and residents before the patient's workup has been completed. Once the decision to admit a patient has been made, it is the responsibility of the resident or supervising physician to call the appropriate admitting physician and to enter the appropriate admitting orders into Cerner. If a patient is to be discharged, this decision will be communicated among team members and the discharge instructions, medications and follow up instructions will be documented in Cerner.

Please do not give the patient the prescriptions or the discharge papers. The nurse will then discharge the patient and give the instruction sheets and prescriptions at that time and will also perform "checkout" functions such as repeating the vital signs, removing heplocks etc. This final nurse review of the patient's condition is another of the many "checks and balances" that we use to provide great, and safe, patient care.

G. Bedside teaching

We do not have formal bedside teaching rounds that are the "bread and butter" of inpatient teaching services. In the ED, bedside teaching occurs at any time that the supervisor/resident and student are together in a patient's room. You can imagine that this might occur in multiple different ways. Examples include the conversations that occur during an acute resuscitation; or after a student presents a case to the attending and they both go into the patient's room; or it might occur when the attending enters the room as the student is interviewing/examining a patient. The ED is often a busy place and bedside teaching can appear to have been eclipsed by the urgencies of delivering patient care! This is an illusion: for a student who is self-motivated, there are many opportunities to learn clinical medicine in the ED. We highly value students' input in patient care and both the residents and supervising physicians enjoy the academic enrichment that we all gain by having medical students in the ED.

H. Other introductory points

- The Emergency Department has several curtained rooms and sometimes patients have to be placed in the hallway and in chairs so preserving privacy takes special effort and awareness.
- After examining patients, leave the door to the room open and the side rails of the bed UP.
- All clinical encounters, telephone conversations, procedures, follow up exams should be documented in Cerner.
- Please do not give out medical advice or patient information over the phone. All phone discussions with attending physicians or residents/fellows from other services should be by residents, unless otherwise instructed by the supervising physician.
- Never discuss sensitive issues, such as pregnancy, STDs with anyone (family or friend) other than the patient. You can always tactfully ask the visitors to leave the room.
- Remember to keep family members informed of the patient's progress (with the patient's permission) throughout their stay.
- Medical students should not perform pelvic examinations alone. All pelvic examinations will be performed or supervised by residents, PA's or supervising physicians.
- Students will not suture any lacerations without completing the wound care session or without being supervised by residents, trauma techs, PA's or supervising physicians.

Important Phone Numbers

CNMC	Main ED	202-476-5203
	ED Admin. Offices	202-476-4177

Needle Stick & Bodily Fluid Exposures

Review & Follow Needle Stick Policy at: <http://smhs.gwu.edu/about/policies>. Additional information for students:

Step 1: Decontaminate:

Remove any contaminated clothing, and then wash area thoroughly with soap and water; flush wounds/mucous membranes with normal saline. *Immediately notify your resident and/or attending.*

Step 2: Draw Appropriate Laboratory Studies from the Source Patient if Known

Discuss with the attending in the ED, the protocol at Children's National for obtaining source patient labs (check with Occupational Health) prior to calling MFA EHS or coming to the GW ED. At outlying hospitals it is your responsibility to check the results of source patient labs and report them to MFA EHS.

Step 3: Seek Treatment and Advice:

Regardless of your clinical location, if the exposure occurs between 8 AM and 4 PM: Call Medical Faculty Associates Employee Health Service (MFA EHS, not GWUH Employee Health) at 202-741-2344 and identify yourself as a medical student who has had a blood/body fluid exposure. If Post Exposure Prophylaxis for high risk HIV exposure is necessary, it is best to start within 2 hours, so do not delay. Regardless of your clinical location, if exposure occurs after 4 PM: Go to the GWU Hospital Emergency Dept. and identify yourself as a medical student who has had a blood/body fluid exposure. The ED will order baseline labs and assess your need for any treatment (do not ask other students or residents for advice, contact MFA EHS or go to the ED for evaluation)

Dean's Office Staff & Links

Executive Coordinator for Third Year:

Laine Keniston, 202-994-2202, lkeniston@gwu.edu

Executive Coordinator for Fourth Year

Laquita Ross (Beale): 202-994-2170, lbeale@gwu.edu

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Michelle Armstrong, 202-994-3501, marmstrong@gwu.edu

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Associate Dean, Student Affairs (Academic Advising):

Rhonda Goldberg 202-994-3176

For Online Academic Resources/Forms:

<http://smhs.gwu.edu/academics/md/current-students>

For Online Academic Policies:

<http://smhs.gwu.edu/about/policies>

Holidays

July 4th

Labor Day

Thanksgiving

(Thursday and Friday, not Saturday & Sunday)

Martin Luther King, Jr. Day

President's Day

Memorial Day

(These days may count as required days off when they fall during a clerkship.)

Religious Holidays: The University respects all religious holidays. You may request a religious holiday by reporting to the Clerkship Director and your clinical supervisor. You may be required to make up missed time on the clerkship, and/or the holiday will count as a required day off during a clerkship.

Other Policies

Student Mistreatment Policy:

The pediatric department is fully committed to maintaining a safe environment for all learners – especially its medical students. We fully comply with George Washington University's Student Mistreatment Policy. If you have any concerns while on the clerkship, we encourage you to reach out to the chair, director, associate director, coordinator, our ombudsman, or any faculty member. The following policy outlines additional resources for you. <http://smhs.gwu.edu/sites/default/files/MISTREATMENT%20POLICY%20AND%20PROCEDURES.8.28.15.JF2.pdf>

Ombudsperson for reporting mistreatment: Dr. Katalin Roth and Dr Amir Afkhami

- Email: kroth@mfa.gwu.edu or aafkhami@mfa.gwu.edu
- Office number: 202-741-2191
- Confidential Voice Mail: 202-741-2306
- Cell number (emergencies only please): 301-332-3707

Policy Website: smhs.gwu.edu/policies

- Occupational Exposure Procedures
- Time Off for Medical/Dental Appointments
- Sexual Harassment: (University Policy) my.gwu.edu/files/policies/SexualHarassmentFINAL.pdf
- Timing of Grades
- Logging Procedures
- Duty Hours Policy and Logging Procedure
- Logging Clinical Cases
- Mid-Clerkship Feedback
- Supervision of Medical Students
- Separation of Faculty and Student for Treatment of Sensitive Health Issues

- Changing Clinical Sites
- Social Media Policy
- Mobile Device Policy
- Required Immunizations

General Rotation Information

Refer to the CNMC ED Orientation Module (PowerPoint) and the document ‘Detailed info about the Who/What/How of the CNMC ED’ (posted to Blackboard).

Other Children’s National Information

CNID/CERNER: User logons are renewed at the end of 3rd year for 1 year 5/30/20XX. If you can’t remember your logon, call the Help Desk at 202 476-4357 24/7. If they can’t help, contact the UME office at 202 476-5692 or email the Program Coordinator. You must complete all required training before starting your rotation. See Residentbook.org/Medical Students/Welcome for what training you need to take. If you have completed the training in 3rd year you don’t have to take it again.

BADGES: All students must wear an identifying badge, either a visitors badge or a Children’s badge, while working in the hospital. You must also have your GWU ID on or available. The UME office will include your name of their list for badges and off-site parking. The Security - Parking/Badge Office is located in Rm. 1700 on the 1st floor East Wing, just pass the Emergency Room entrance. All badges must be returned to the student coordinator or the Security Office/Desk 24/7 at the end of the year. If the badge is lost, there is a \$60 replacement fee.

PARKING: The Children’s onsite visitor parking garage is for patients and their families. Therefore it is not available for students (except for your first day here, orientation day) and weekends (see below). Students will be assigned to a nearby, offsite, secured parking garage. The fee is \$22.00 per month. There are free shuttles running to and from the lot Mondays through Fridays. See the shuttle schedules on Residentbook.org/Medical Student/Welcome. There are no shuttles on weekends and holidays.

The Children’s onsite Staff lot is available for student parking after 3:30pm -5am, Monday through Friday, for free, only if you have paid for off-site parking. If your shift is on Saturday or Sunday, you may park in the “Staff Lot” on site at Children’s until 5am Monday if you have paid for off-site parking. If you aren’t paying for off-site parking you can park in the Visitor lot at \$7 a day **after** 3:30pm -5am, Monday through Friday and on weekends **until** 5am Monday. You must have your CN badge to enter and exit this lot.

METRO: Children’s is accessible from the Brookland/CU, Columbia Heights, University Town Center (PG Plaza), and Union Station Metro stations. Free shuttle buses run to and from the hospital to these stations starting from 6am through 9pm Monday - Friday. Also see www.wmata.com. There are no shuttles on weekends.

Medical Education Conference Center(MECC): This is on West Wing 3.5-500 and is open from 7am to 7pm, 5 days a week.

Children’s National Medical Library: The librarian welcomes your suggestions and can help you find what you need, assisting with:

1. Computer searches of MEDLINE and other databases and training on OVID and PUBMED
2. Your questions including clarification of obscure references and guidance in bibliography style
3. Interlibrary loans
4. You can contact the Librarian at 202 476-3195.

CAFETERIA (2nd floor Main) and Dr Bear Express Café (7th Floor East Tower)

It offers a wide variety of food and beverages which includes hot foods, a grill, specialties, sandwiches, sushi bar, and salad bar along with a variety of deserts and beverages. Hours: Mon - Fri, 6-7pm and on Sat/Sun 7:15am-7pm. Also, Dr. Bear Express Café is a Grab 'N Go food station on the 7th Floor of the East Inpatient Tower, offering beverages, some hot food, salads, sandwiches and snacks, open daily 7am-11pm.

WALGREENS PHARMACY - located in the Main Atrium

ATM Machines - located in the Main Atrium and in the Cafeteria.