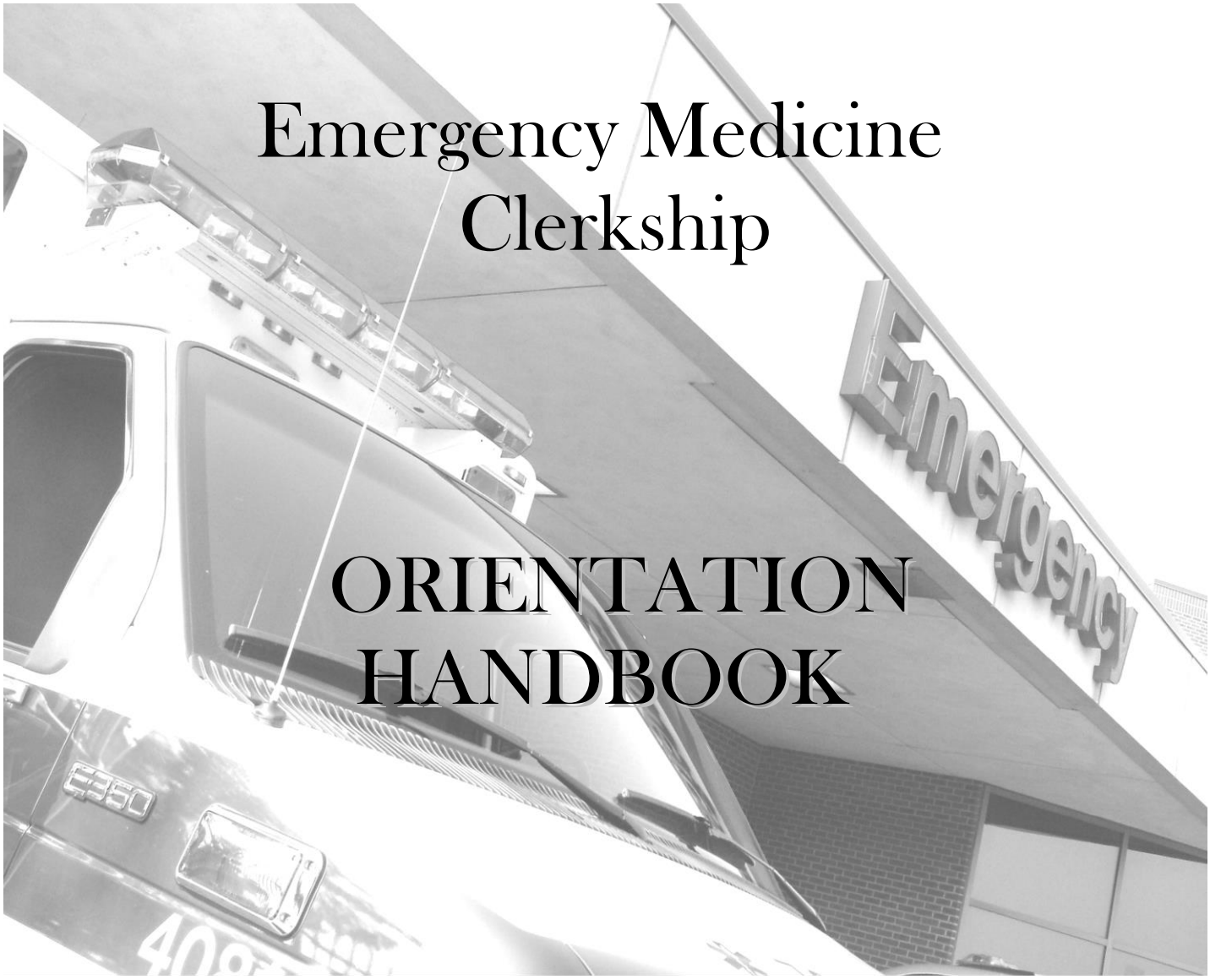
Lehigh Valley Health Network

A PASSION FOR BETTER MEDICINE.



Emergency Medicine Clerkship

ORIENTATION HANDBOOK

MISSION STATEMENT

The Department of Emergency Medicine is committed to providing state-of-the-art, high quality, timely, multi-disciplinary emergency care for the entire service community in a compassionate, humanistic patient - centered environment.

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"Emergency Medicine Clerkship Primer, Manual for Medical Students"

In 2008 the leaders of medical education in emergency medicine created the Academy of Clerkship Directors in Emergency Medicine (CDEM). Their mission was to:

- advance the education of medical students as it pertains to the specialty of emergency and acute care medicine.
- serve as a unified voice for EM clerkship directors and medical student educators.
- provide a forum for EM clerkship directors and medical student educators to communicate, share ideas, and generate solutions to common problems.
- foster undergraduate medical education research.
- foster the professional development and career satisfaction of EM clerkship directors and medical student educators.
- foster relationships with other organizations to promote medical education.

The Emergency Medicine Clerkship Primer was created to produce a high-quality, professional guide that highlights the uniqueness of our specialty. It should provide the reader with a detail-oriented approach to thinking like an emergency physician—essentially a "how to" manual. The *Primer* can be considered a supplement to the many high-quality emergency medicine texts currently available. It focuses on aspects of our specialty that are often overlooked or under-represented in traditional texts. This *Primer* is **mandatory reading** for all medical students and visiting residents that are rotating in our department. It is recommended that you read this prior to the start of your rotation. We look forward to working with you. Below is an excerpt from the *Primer* that was sent to you via email (it is also available on the home page in New Innovations).

"As you prepare for your clerkship, please recognize our chosen specialty has several gifts in store for you. First, its faculty and residents recognize the responsibility we have to train you to understand and operate in our realm. Undergraduate medical education is a serious pursuit for emergency physicians, and your clerkship director holds a position of esteem in the department. We understand the potential impact of early intervention as well as or better than any other practitioner. In education, a shared truth or corrected perception can last a lifetime, and this is what we plan to offer each of you who spend time with us.

In addition, we offer a unique contribution to your medical education. We are not trying to sell our specialty to you or trying to 'convert' you from your chosen direction towards ours. What we have to offer is a unique environment and an opportunity to practice fundamental skills to which you have had limited exposure thus far in medical school. The most important of these is acute care decision-making. That is a unique moment, usually unanticipated, when a patient forces you to make a series of decisions surrounded by uncertainty but of great importance nonetheless. Time is not your friend, and you quickly find there is nothing 'cookbook' about having a well-organized and thoughtful plan of approach in such a circumstance. You will not only exercise new regions of the brain, you will also get to use your hands when working with us. Technical skills and accompanying virtuosity are critical elements in the day-in, day-out practice of emergency medicine. Many of these skills—vascular access, airway management, lumbar puncture, and suturing—are all a part of a reasonable skill set for a senior medical student. Commitment to learning these skills can be highly variable in medical school, and opportunities to practice them may be limited. However, in the emergency department, you should have the opportunity to put them to use every day, just as we do.

Lastly, think of working in an environment where more than 125 million undifferentiated patients come to see you or your equivalent over the course of each year. Patients' illnesses and injuries are not always what they seem to be, and you will learn to respect that statement like never before. The approach to unraveling a voiced complaint on the part of a patient while thinking about all of the worst possibilities of potential origin is a very different way of thinking than most of your experiences to date. We believe that you will find this experience will serve you well, both with us and beyond.

Our specialty interacts with every other specialty, often at the raw interface of the unplanned admission on a 24-hour, 7-day clock. We know that most of you completing this clerkship will not choose emergency medicine, although more and more students do each year. We are excited for your future careers in primary care, surgery, pediatrics, medicine subspecialties, and others, but we know that we will see you again in one guise or another. Therefore, it is important to us that you are well treated, remember what goes on here, and leave with some degree of understanding and a modicum of respect and appreciation. Therefore, you should expect to be treated well but with discipline and high expectations.

One clear gesture in our effort to make your experience with us most rewarding is this Primer. Read it completely early in your experience with us, reread it as you see a wide variety of patients, and use it to help order and integrate the other teachings we will send your way. We are proud of what we do and the safety net role we play in our nation's health care system. We welcome you while you are with us and look forward to a long-term relationship, day and night, no matter what specialty you may choose. Take care of yourselves and the people around you."

Glenn C. Hamilton, M.D.
Professor and Chair
Department of Emergency Medicine
Wright State University School of Medicine

Our Commitment to You

The attending staff and residents of the Department of Emergency Medicine at Lehigh Valley Health Network recognize their responsibility to rotating students and visiting residents. We are committed to assisting each learner in attaining a relevant, useful and valuable clinical experience in emergency medicine. To this end, your rotation provides for direct supervision by our attending physician staff, physician assistants and senior emergency medicine residents. You will have exposure to a robust didactic schedule, which includes weekly grand rounds, a core lecture series, evidence based medicine workshop, student journal club, critical care and trauma simulation rounds, a variety of labs (suture, orthopedic, central line, lumbar puncture, airway, chest tube and cricothyrotomy), an ultrasound experience, completion of a series of procedure self-study modules and an optional toxicology, EMS and autopsy experience. You will spend a shift with a nurse, complete a series of online exams including a final exam and will be evaluated on your overall performance based on the milestones project.

The Role of the Student-in-Training

Students assigned to this department will be expected to evaluate and treat ***all*** patients regardless of presenting complaint. You do not have to wait to be told to see a patient.

Setting priorities, "rapid" assessment, early intervention when warranted, and an expedient diagnosis and treatment are all vital components of your emergency department rotation. We would like you to strive to see at least one patient per hour. While you may see more than one patient per hour, completeness in evaluation and follow through with lab studies, x-rays and communication with patients and families is more important at this stage of your career.

You will be expected to assess and ensure the stability of each patient you see within a reasonable period of time, based on your level of training. There are five emergency severity index (ESI) levels of triage (see appendix A). Do not spend more than 15 – 20 minutes with ESI levels 2 –5 doing your history and physical exam prior to discussion with the appropriate emergency department (ED) supervising physician. **A supervising physician may be an attending physician**, **physician assistant (PA)** or **senior emergency medicine resident (PGY 3 or 4)**. You must get the supervising physician involved immediately for any patient you perceive to be acutely ill or in severe pain (ESI 1). In other words, any delay in treatment for these patients would directly impact their life or limb. We rely upon you as part of our team to use your discretion in judging what you are able to handle before involving the attending. On occasion, we will require you to manage more than one patient at a time. You may carry up to 3 – 5 patients at a time, but no more than that. It is important for you to make appropriate prioritizations for each. We want you to learn through each patient encounter by taking an accurate and appropriate history and focused physical examination. *Our goal is to provide the best clinical and didactic experience of your graduate training*.

Orientation

Students are responsible for reviewing all of the orientation information provided on the website and in the welcoming emails. Should any problem arise during the course of the rotation, either personal or professional, students should feel free to contact Dr. Worrilow or any of our chief residents. If you are unable to reach any of them, you should contact Dawn Yenser.

Examinations

During the rotation, students and visiting residents will be expected to complete 5 topic exams (15 – 20 questions each) on a variety of topics in emergency medicine. To be considered for an honors grade, an additional 5 exams of the students choosing must be completed. These are all open book. At the completion of the exam, you will have access to the answers and their respective reference. All major texts in emergency medicine will be accessible online through the hospital intranet. You will be shown how to access them. This is a great educational experience and will also help you prepare for your boards. At the end of the rotation you will be given the National EM M4 exam, a 50 question post-test, which will count as 10% toward your final grade. You must schedule a date and time with Dawn prior to your last week of rotation to take this exam.

General Educational Objectives

1. Perform an accurate and appropriate history and focused physical examination on a patient presenting to the ED.

2. Practice the proper utilization of the clinical laboratory and the radiology department as they relate to emergency care and apply the principle of "*less is more"* using clinical decision rules and risk stratification.

3. Review all plain radiography and CT scans of your patients presenting to the ED.

4. Review all ECG's of your patients and explain basic ECG interpretation.

5. Recognize the importance of the team concept in caring for a patient: paramedic, nurse, and physician working together for the patient's benefit.

6. Describe the art of triage or determining priority of patient care, as well as ascertaining which problem gets priority treatment in a patient with multiple problems. Discuss the five ESI levels of triage.

7. Complete a series of 23 Procedure Self-Study Modules in emergency medicine deemed essential for students to know. This will allow you to ***see one*** before you ***do one***. Perform emergency procedures including suturing, bandaging, splinting, wound care, peripheral and central venous access, lumbar punctures, and orthopedic manipulation, among others. *Each student should be able to perform a simple laceration repair upon completion of the rotation*. Emergency medicine residents have first priority in performing any ED procedures.

8. Explain the principles of pain management in the pediatric and adult patient and how to interact appropriately with these patients (Appendix B).

9. Discuss the indications and practice of procedural sedation and analgesia (PSA) in pediatric and adult patients.

10. Review the principles of difficult airway assessment along with basic and advanced airway management.

11. Recognize the generalities and specifics of care of the medical, surgical/ trauma, pediatric, OB/GYN, and psychiatric patients that present to our ED for treatment. By the end of the rotation, the student should have an enhanced understanding of the evaluation, diagnosis, and treatment of the most common emergency problems, including:

    - Cough, sore throat, sore ears, and other ENT problems.
    - Minor eye emergencies such as foreign body and corneal abrasion.
    - Abdominal pain (differential diagnosis in males and females, young and old).
    - Chest pain of any etiology.
    - Minor trauma including strains and sprains.
    - Significant trauma including the triage system of trauma patients (Trauma ED, Trauma Alert, and Code Red).
    - Urinary tract problems.
    - Pediatric problems (gastroenteritis, high fever, otitis, meningitis, and child abuse).
    - Simple wound and burn.
    - Psychiatric emergencies (i.e. the suicidal patient).
    - Surgical emergencies including AAA, aortic dissection, bowel obstruction, appendicitis, among others.
    - Medical emergencies including dermatologic, allergic, neurologic, cardiovascular, pulmonary, gastroenterologic, renal, rheumatologic, or endocrine presentations.
    - Toxicology including management of drug overdoses.

Guidelines

A. Work Schedule

The student is expected to be in the emergency department on time during his/her scheduled hours unless the shift coincides with any didactic session including grand rounds, journal club, simulator rounds, or any labs. Arrive ten minutes early before the start of your shift. If the student must leave a portion of the scheduled shift because it overlaps with the required conferences, it is the student's responsibility to notify the attending physician and make an appropriate disposition of his/her patient(s) before leaving.

B. EMS Experience (optional experience)

All students have the option to be scheduled for an eight-hour shift to spend with the city ambulance service. This shift is separate and in addition to your scheduled clinical time. Ask the supervisor of these experiences to sign your checklist with the date and time that this activity was completed. Please note that the local EMS has requested students wear a white or light colored shirt, dark pants, and sneakers (no clogs or heels allowed).

Directions to City of Allentown EMS
723 Chew Street
610-437-7531 option 4
or email at emsstudents@allentownpa.gov

From LVH-CC

Make a left onto Cedar Crest Blvd to Hamilton Blvd (Route 222). Turn right onto Hamilton Blvd and continue north to Sixth Street. Turn left onto Sixth Street and continue to Chew Street. Turn left onto Chew Street and the station will be three blocks down on the right.

From LVH-M

Make a left onto Schoenersville Road and take Route 22 west to 7th Street south. Continue on 7th Street to Chew Street and make a right. The station will be on the right.

C. Requirements Prior to Emergency Department Rotation

The student will receive an email prior to the start of the rotation. At that time, please respond with any requests that will be needed during your rotation. CPR certification is required. ACLS certification is encouraged prior to the rotation. The student's program should process appropriate paperwork through VSAS and the Division of Education. In addition, *please make sure an electronic photo is sent to either to the Residency office*, *so that it can be uploaded into our evaluation software.* Please complete the Chest Pain and EKG interactive Self-Study Modules on the student website under "Virtual Lectures" at the beginning of the rotation.

D. Responsibilities of Students while on Rotation

1. Patient care responsibilities

- The student shall wear a nametag and introduce him/herself to any patient he/she attends as well as all nursing staff, administrative partners, and physicians.

- All students are to act and dress in a professional manner. Wear your lab coats at all times.

- The student's main responsibility is to evaluate patients who present themselves to the emergency department and discuss these patients with the appropriate supervising physician.

- With the exception of immediately life saving procedures (i.e., CPR), all planned procedures and lab/x-ray studies shall be discussed with the appropriate supervising physician prior to ordering them or discussing them with the patient. It is important not to set expectations for the patient that cannot be delivered.

- The student rotating in the ED is encouraged to participate in all medical and trauma resuscitations. He/she may participate in any trauma resuscitation if the ED is not busy and has permission from the emergency and trauma attendings. There are three levels of trauma resuscitation: Trauma ED (seen in the main ED), Trauma Alert and Code Red (seen in the Trauma Bay OR by the trauma team).

- Students shall immediately notify the ED attending of any unstable patient in the ED. This team approach to the critically ill patient will ensure better care for the patient, more rapid evaluation and stabilization, and more rapid referral, if necessary, for definitive care.

- No patient physically in the ED will be without an assigned physician during their stay. Students shall turn over their patients to another student or the appropriate supervising physician at the end of their shift. All documentation will be completed prior to the students leaving the department. This also applies to any other time a student may be leaving the department prior to the end of his/her shift. Please notify the ED attending any time you leave the department.

2. Documentation. Students are responsible for documenting the important historical and physical findings on the ED chart (*paper T chart*) as well as recording diagnostic test results. We want you to complete the medical decision making portion at the end and generate an expanded differential diagnosis (approximately five diagnoses) in order to evaluate your thought processes. Document the date and the MR # of your patient on the chart. You are required to have the supervising physician, senior resident or PA review your documentation and sign it. Keep all of your charts and submit all of them to the 5th floor residency office by the end of your rotation. It is not part of the permanent medical record.

3. What's the process? The ED is divided into pods (4 at CC, 2 at LVH-M), CHER and Express Care/ Fast Track areas. Each pod is staffed by an ED physician, resident(s), and nurses. Students should work in their assigned pod for the duration of their shift. Students should not spend more than 15 – 20 min performing their history and physical examination on their patients. Occasionally, a supervising physician may observe the student taking his/her history and exam. Students can obtain the nursing triage notes by accessing EPIC. They will present their patient to an attending physician, senior resident, or PA. Then the supervising physician and student will see the patient together. They will discuss the differential diagnosis and management of the patient outside the room. Occasionally, this discussion may occur in front of the patient.

The student will return to the patient's room and discuss the plan. It is the student's responsibility to keep the patient informed of their test results or any unforeseen delays. Computerized discharge instructions must be given to all patients being discharged and are to be reviewed with the supervising physician prior to final disposition of the patient. A nurse or physician must sign these.

4. **Procedures** are to be directly supervised by the appropriate individual. Nursing may supervise placement of nasogastric tubes (NGT's), Foley catheters, IV's, and blood draws. Laceration repairs may be supervised by an attending physician, PA, or senior emergency medicine resident. All laceration repairs occurring in Express Care or Fast Track should be inspected by the appropriate attending physician before and after the repair. Lumbar punctures, central line and chest tube placements, and orthopedic manipulation should be supervised by the senior emergency medicine resident and/or attending physician. Airway management and procedural sedation and analgesia should always be under the supervision of an attending physician. A consent form must be signed prior to performing any invasive procedures. When in doubt, always consult the attending physician. ***Don't forget to document all your procedures in the procedure log in New Innovations.*** **Refer to the section on the Procedure Self-Study Modules on pages 17-20.**

ALL PATIENTS seen in the ED are to be discussed and seen with either an attending physician, physician assistant, or senior emergency medicine resident. Diagnostic and therapeutic interventions should be made after consultation with the above. The attending physician is ultimately responsible for every patient seen in the ED.

Evaluations **IMPORTANT!!!**

Every student will be evaluated at the end of each shift by the supervising physician(s) with whom he/she spent any time discussing cases. Typically, this would be the pod physician, senior resident, both or the PA. Solicit feedback from your supervising physicians. *"What are some areas that I could improve upon?"…"How do you think I performed?"… "What did I do well today?"* These evaluations are to be completed by the supervising physician online through New Innovations. Each student should automatically request an evaluation for each supervising physician on New Innovations. This includes attending physicians and supervising residents.

Just simply:

- Log on to New Innovations and go to "Notifications".
- Click on to request a person to evaluate you.
- Click on the name you want your evaluation sent to

Your final evaluation is based significantly upon a compilation of these impressions from the ED supervising staff. ***It is your responsibility to remind the supervising physician to complete your evaluation online.***

Students Evaluation of Senior Resident (PGY3 or 4)

- Log on to New Innovations and go to "Notifications".
- Click on to choose a person to evaluate.
- Click on the individuals name you want to evaluate

Logs **IMPORTANT!!!!**

All students will maintain three logs in New Innovations:

- ***Shift log***. You are to log every patient you have seen during that shift. This will be tracked at the end of the rotation. You should strive to see between 100 – 125 patients for the month (9 patients/ shift or 1 patient /hour).

- ***Patient follow-up log***. Obtain follow-up on at least ten patients admitted /discharged from the hospital through the ED. You can call them at home, visit them on the floor, or check electronic medical records. This process will be reviewed during orientation. Remember to document self-reflective learning for each patient. To this day, most of my learning comes from my patient follow-ups.

- ***Procedure log***. Document all procedures observed, participated in or performed for the month in New Innovations. You will use Procedure Logger under the main menu; then add procedure logs. If you performed a procedure that's not listed, then document under "other". We will track the numbers of procedures you performed.

Your final evaluations will be forwarded to your program only after successful completion of the above along. The students' written evaluations of the rotation will be discussed at our monthly committee meeting and will be used to modify future rotations.

Work Absence

The student must notify the office of the Emergency Medicine Residency (484-884-2888) of any absence due to illness, family crisis, etc. The student must also speak directly with the ED attending prior to missing any shift as well as Dr. Worrilow at 484-884-3013. The student's respective school is to be notified by the student of any absences during the Emergency Medicine rotation. Barring any extraordinary circumstances, *it is expected that any shifts missed will be made up.*

Nursing Care in the Emergency Department

The nurses are assigned to treatment areas in the ED (pods 1, 2, 3, 4 and Express Care, Childrens ER at CC; pods 1, 2, and RAU at LVH-M and 17th St.). Please assist the nurses as much as possible—starting IV's, moving patients, NGT placement, drawing labs, giving discharge instructions, etc. If a nurse asks you to do something, just do it. By helping them, you help yourself.

Dress Code

- You shall wear a clean and pressed white lab coat at all times.
- You shall wear socks/hose over your feet and wear shoes that cover your toes. Surgical clogs are acceptable if clean. "Flip-flops" are unacceptable.
- You will wear your identification badges at all times
- All male students will wear a shirt and tie with slacks. Matching *blue* scrubs are also acceptable if clean.
- All female students will wear appropriate professional attire. Matching *blue* scrubs are acceptable if clean.

Conduct of Personnel

- *All patients, their families, and ED staff will be treated with courtesy and respect.*
- Patients and families can hear what you say no matter where you are in the ED. Keep all inappropriate comments or joking to yourself. It will eventually get back to me and our Chairman.
- Eating and drinking in patient treatment areas is prohibited. Please use the staff lounge. You are always excused for lunch and dinner for 30 min.
- Put all your personal belongings and books in the staff lounge.
- Complaints regarding the unprofessional behavior of any student or ED staff member should be brought to the attention of Dr. Worrilow.
- Unprofessional behavior from a student could be grounds for dismissal and/or failing the rotation depending on how egregious the behavior.
- Refer to the Press Ganey tips in Appendix E on improving your interactions with patients and their families.

Procedure Consult Self-Study Modules

4th Year Students and Visiting Residents:

*Arterial line insertion #3

*Basic airway management (adult) #13

*Cardioversion #17

*Central line placement (IJ) #18

*Central line placement (SCL) #19

*Defibrillation #24

*Lumbar puncture #46

*Orotracheal intubation #54

*Transcutaneous pacing #67

Students and Visiting Residents are encouraged to complete these modules PRIOR to the Critical Care Simulation Day

(4th Tuesday of each month)

**Foley insertion (female) #71

**IV cannulation (adult) #38

**Nasogastric tube insertion #48

**Phlebotomy #57

**Throat swab #64

Students are encouraged to complete these modules BEFORE/ WHILE on their "Day with a Nurse" shift

***Abscess I&D #35

***Local anesthesia #43

***Nerve block (digital) #26

***Wound management #14

Students are encouraged to complete these modules PRIOR to the Suture Lab (1st Tuesday of each month)

****Dislocation reduction (shoulder) #32

****General splinting techniques #34

Students are encouraged to complete these modules PRIOR to Ortho Lab (1st Tuesday of each month)

*Cricothyrotomy #23

*Needle thoracostomy #49

*Tube thoracostomy #69

Students are encouraged to complete these modules PRIOR to the Trauma Sim Lab (2nd Thursday of each month)

Additional optional modules

Arthrocentesis (knee) #6

Compartment syndrome evaluation #22

Epistaxis management #33

Intraosseus insertion #37

Nursemaid's elbow reduction #53

Transvenous pacing #68

Tonopen use #47

All students must complete the 23 core procedure self-study modules on the Procedures Consult website located on the LVHN intranet. Each student must register on the website at the beginning of the rotation and create a username and password. You are to complete the exam at the end of the each module and submit your test summary at the end of the rotation. *Students are encouraged to complete the 7 additional modules in order to qualify for an honors grade and submit their test summaries.*

EM Tests

You will receive an email prior to the start of your rotation with your ID# and a password to access the exams website. During the rotation you must complete a series of 5 assigned topic exams on a variety of topics in emergency medicine (see below). These are all open book. At the completion of the exam you will be provided the answers and their respective reference. All major texts in emergency medicine will be available to you online through the LVHN intranet. At the end of your rotation, you must take a 50 question final exam. This counts as 10% of your final grade. You must schedule a date and time prior to your last week of rotation with Dawn to take this test. This test must be completed prior to your last day of your rotation.

4th Year Students and complete 5 tests.
To be considered for an honors grade, complete 5 tests + 5 additional tests of their choosing.

Required exams:	**Additional exams:**		
Abdominal Pain	Headache/Neurology	Procedures	Infectious
Chest Pain/ACS	Trauma	GI Bleed	Ophthalmology
Pulmonary	Cardiac Arrest	Cardiology	Misc.
Altered Mental Status	Psych	Pediatrics	
Shock/Sepsis	Environmental/Endocrine	Dermatology	

Emergency Medicine Clerkship

STUDENT APPENDIX

MISSION STATEMENT

The Department of Emergency Medicine is committed to providing state-of-the-art, high quality, timely, multi-disciplinary emergency care for the entire service community in a compassionate, humanistic patient - centered environment.

Welcome to the Emergency Medicine Rotation!

Congratulations on your acceptance into the EM rotation. This offers you a unique learning experience at all three emergency departments of the Lehigh Valley Health Network.

Our challenging curriculum will provide you with a robust educational experience in emergency medicine that includes:

- Trauma simulation with talented faculty
- Procedure self-study modules with emphasis on core procedures that all students should know before residency training
- EM focused procedures including cricothyrotomy, chest tube thoracostomy, intraosseous insertion and transvenous pacing among others
- Working with one of three board certified toxicologists, reviewing interesting cases and having interactive sessions on the assessment and management of the toxicologic patient
- An advanced ultrasound experience with lectures and hands on application with our dedicated EM ultrasound faculty
- The opportunity to observe an autopsy with a forensic pathologist
- Completing a series of online quizzes in emergency medicine that are open book which will help you prepare for your boards

This is all in addition to our existing strong didactics which include:

- Labs – airway, central line, lumbar puncture, suture, orthopedic
- Medical simulator rounds
- EMS ride along (optional)
- Autopsy observation (optional)
- Spend a day with our ultrasound resident (optional)
- Spend a day with a nurse
- Student journal club
- Weekly core content lecture series
- Evidence based medicine lecture series
- Weekly grand rounds with a monthly nationally known speaker

This rotation has it ***ALL*** for that enthusiastic student who is looking for something more than what is customarily offered on other EM rotations. Upon successful completion of this rotation, you will not only be guaranteed an interview with our residency program, but you may greatly enhance your chances of getting into any competitive allopathic or osteopathic emergency medicine program. We look forward to working with you. *"With hard work comes great reward."*

EM Faculty

Each student will have the opportunity to work clinically with a great EM faculty and our residency core faculty members, including some that sit on our interview committee.

The chief residents will give each student a brief mid-rotation evaluation. This will be to review strengths, weaknesses, and areas of opportunity. Their office hours are every Tuesday from 1pm-5pm on the 5th floor at Muhlenberg, South Building

Student Core Faculty

Gavin Barr	Bryan Kane
Gillian Beauchamp	Kate Kane
David Burmeister	Ken Katz
Rob Cannon	Brian Lovett
Matt Cook	Richard MacKenzie
Nicole Elliott	Andy Miller
Elizabeth Evans	Mike Nguyen
Jeff Gesell	Shawn Quinn
Terry Goyke	David Richardson
Marna Greenberg	Alex Rosenau
Steve Johnson	Kevin Roth
Deepak Jayant	Charles Worrilow

The following are key elements of the rotation:

1. Emergency Medicine Faculty
Each student in the rotation will be scheduled with not only a great EM faculty, but our Residency Core Faculty members as well. The chief resident will give each student a brief mid-rotation evaluation. The will be to review strengths, weaknesses, and areas of opportunity.

2. Toxicology Didactics
The Toxicology Didactics every weekday (except Thursdays). This will be given by one of three board certified toxicologists and/or the toxicology resident.

3. Autopsy Day (optional)
Will be held every Wednesday and/or Thursday from 8 - 10am in the LVHN morgue which is located in the basement of the Kasych Pavilion. Not more than two students will be assigned per day. This experience will provide the student with an opportunity to observe an autopsy with a forensic pathologist. If you are interested in attending, please let Dawn know for scheduling purposes.

4. Student Grand Rounds – Trauma Simulation Day
Will be held the 2nd Thursday of each month at DOE- Bldg. 1247 beginning at 8:30am. The session will last for 3 hours. This will be run by our core faculty members and senior residents. Emphasis will be on procedural competency in cricothyrotomy, intraosseus, and chest tube placement. Students will be encouraged to complete the Procedure Self-Study Modules on the LVHN intranet ahead of time including Cricothyrotomy (#23), Needle Thoracostomy (#49) and Tube Thoracostomy (#69).

5. Advanced Emergency Ultrasound
Will be held the 2nd Tuesday of each month in the simulation center on the 4th floor at LVH-M. You are encouraged to use the ultrasound machines available to you in the emergency departments at LVHN under appropriate supervision. You will be provided with a hands on experience by our EM ultrasound faculty and/or senior residents. Please browse the six ultrasound lectures available to you on the student website under Lectures and Labs.

6. Procedure Self-Study Modules
Each student in the program must complete the required 23 assigned self-study modules on common procedures in emergency medicine on the LVHN intranet. They must complete a small test at the end of each module. Each student and resident must register on the website at the beginning of the rotation and create a username and password. You are to complete the exam at the end of the each module and submit your test summary at the end of the rotation. *In order to qualify for an 'honors' grade, the student must complete an additional 7 assigned modules and submit the test summaries.*

7. EM Tests
You will receive an email prior to the start of your rotation with your ID# and a password to access the exams. During the rotation you must complete a series of 5 assigned topic exams on a variety of topics in emergency medicine (see below). These are all open book. At the completion of the exam you will be provided the answers and their respective reference. All major texts in emergency medicine will be available to you online through the LVHN intranet. At the end of your rotation, you must take a 50 question final exam. This counts as 10% of your final grade. This test must be completed prior to your last day of your rotation. Please schedule a time with the office. *If EM students want to qualify for an honors grade, they must complete the 5 additional exams and perform acceptably.* The final exam counts 10% towards your final grade.

Educational Responsibilities (by Day & Time)

The student shall attend the following conferences dealing with topics in emergency medicine. If you are coming off of a night shift at a site different than the didactic session, you are excused. Otherwise, attendance of these conferences is required. Tardiness will result in only half credit for the session. Attendance is taken. Students are to be released from clinical duties to attend all didactic sessions. The general schedule is below, but please refer to your clinical schedule for the final rotation didactic schedule .

1st Tuesday of each month 9am – 12pm

Suture/Orthopedic lab – You will be scheduled to attend this lab in the Surgery Education Center in the basement of the Kasych Pavilion at the Cedar Crest site. Class material can be found on the home page in New Innovations.

Introduction to Evidence Based Medicine – locations vary – please refer to schedule

2nd Tuesday of each month 8am - 3pm

Core Content Lecture Series – These lectures will focus on core content areas in emergency medicine

Journal Club– please refer to schedule for location. Access articles on the student website and review prior to meeting.

Advanced Emergency Ultrasound – located in the simulation lab on the 4th floor in the south building at LVH-M

3rd Tuesday of each month 8am - 3pm

Core Content Lecture Series – These lectures will focus on core content areas in emergency medicine

Student Presentations

4th Tuesday of each month 8:30am – 2pm

Critical Care Simulation (Airway, Central Line and Lumbar Puncture labs), located at DOE, bldg 1247.

Thursdays 9 am – 2 pm

Emergency Medicine Grand Rounds – Please refer to the student website. *Students are excused from Grand Rounds on 2nd Thursday for Trauma Simulation.*

2nd Thursday of the month 8:30am – 12pm

Trauma Simulation Rounds – Simulator Lab in the DOE, Bldg 1247

Wednesdays and Thursdays 8am – 10am (optional)

Autopsy Day – LVHN morgue in the basement of the Kasych Pavilion. Not more than two students assigned per day

Case Presentations - The student will present one 15 minute case- based topic in emergency medicine. Try to make it interactive and use actual radiological images, ECG's, etc… from the case. Use as many references available to you. Typically this would be given during the 4th Thursday of the rotation or a mutually agreeable time and date. This is 10% of your grade.

Rotation Schedule

You will be assigned a templated schedule at the start of your rotation. You are expected to work approximately 13 clinical shifts (17 for PA students) and 1 nursing shift. This will allow ample time to complete the self-study modules, journal club articles and topic exams. We will always attempt to have these hours distributed for the month between pods, times and locations. Please note that the shift names for Cedar Crest and Muhlenberg correspond with the pod you are assigned to.

Start your shift in the correct pod. Shift and pod assignments are as follows:

CLINICAL SCHEDULE			
Shift name:	**Hospital Site**	**Assignment**	**Shift Time:**
17–7A	17th Street	N/A	7 am - 4 pm
17–3P	17th Street	N/A	3 pm – 12am
17–11P	17th Street	N/A	11 pm – 8a
CC7A-1	Cedar Crest	POD 1	7 am - 4 pm
CC7A-2	Cedar Crest	POD 2	7 am - 4 pm
CC7A-4	Cedar Crest	POD 4	7 am - 4 pm
CC8a CHER	Cedar Crest	CHER	8 am – 4 pm
CC XC 3P	Cedar Crest	Express Care	3pm – 12 am
CC3P-1	Cedar Crest	POD 1	3 pm - Midnight
CC3P-2	Cedar Crest	POD 2	3 pm - Midnight
CC3P-4	Cedar Crest	POD 4	3 pm - Midnight
CC 4P CHER	Cedar Crest	CHER	4pm – 1am
CC11P-2	Cedar Crest	POD 2	11 pm - 8 am
CC11P-4	Cedar Crest	POD 4	11 pm - 8 am
M 7A-1	Muhlenberg	POD 1	7 am - 4 pm
M11A-2	Muhlenberg	POD 2	11 am – 8 pm
M 3P-1	Muhlenberg	POD 1	3 pm – Midnight
M 11P-1	Muhlenberg	POD 1	11 pm - 8 am
M 11P-2	Muhlenberg	POD 2	11 pm - 8 am

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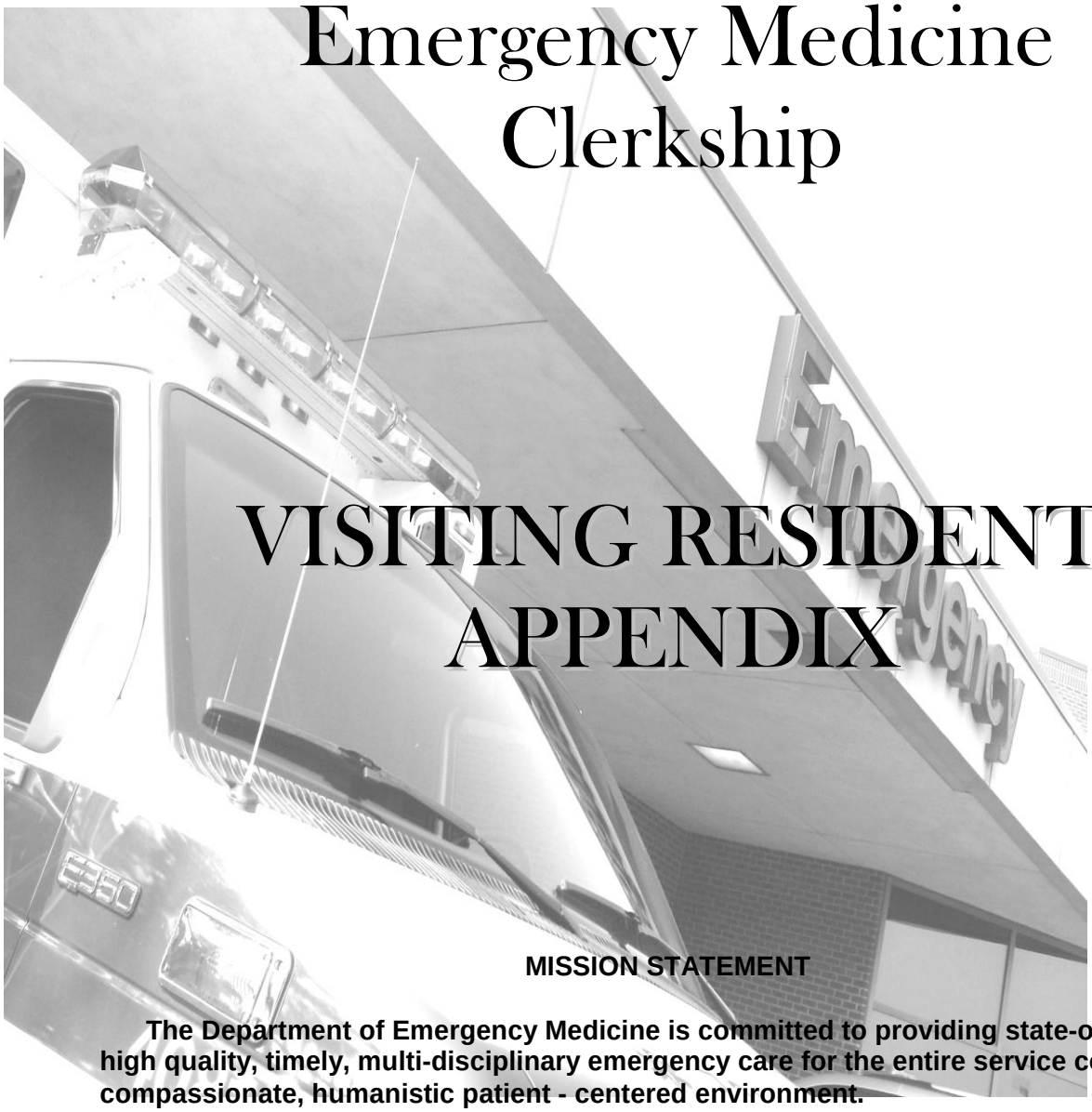
Trading with other students is permitted as long as it is within the templates assigned. Please email Dawn or call the residency regarding any schedule changes you wish to make <u>24 hours in advance</u>.

Lehigh Valley Health Network

A PASSION FOR BETTER MEDICINE.

Emergency Medicine Clerkship



VISITING RESIDENT APPENDIX

MISSION STATEMENT

The Department of Emergency Medicine is committed to providing state-of-the-art, high quality, timely, multi-disciplinary emergency care for the entire service community in a compassionate, humanistic patient - centered environment.

Visiting Resident EM Summary (by activity)

The purpose of this rotation is to provide you with a relevant and practical clinical experience in emergency medicine combined with a strong didactic curriculum that will allow you to have a broad and enhanced understanding of emergency medicine. Grand Rounds, Student JC, Critical Care & Trauma Simulation are mandatory for all visiting residents. All other didactics are optional but you are strongly encouraged to attend. Refer to the student website for all schedules, lectures, labs, links, articles, times and locations.

1. Clinical Shifts

Family Practice, Internal Medicine, and Transitional Medicine Residents will work approximately 35-40 hours per week. Family Practice residents will work a 3-2-2 week schedule for a total of 7 weeks for the year. Pediatric Residents will work primarily in the CHER and will be under the supervision of Dr. Andy Miller.

2. Emergency Medicine Grand Rounds - MANDATORY

EM grand rounds are held every Thursday from 9am – 2pm. The first Thursday of the month educationals are held in the ECC rooms at Muhlenberg. The remaining Thursdays are held at EMI in the Mack Building.

3. Critical Care Simulation (Airway, CL and LP Labs) - OPTIONAL

The 4th Tuesday of each month from 8:30am – 2pm at DOE, bldg 1247. Emphasis will be placed on utilizing ACLS and PALS in medical and pediatric simulations respectively. Students and interested visiting residents are encouraged to review the NEJM videos and/or Procedure Self- Study Modules on BVM (#13), Cardioversion (#17), Defibrillation(#24), Orotracheal Intubation (#54), Central Line Placement (IJ and subclavian) (#18, 19), Lumbar Puncture (#46) and Transcutaneous Pacing (#67) ahead of time on the LVHN intranet and/or the student website.

4. Suture/Orthopedic Lab - OPTIONAL

The optional lab is held the 1st & 3rd Tuesday of each month in the Surgery Education Center in the basement of the Kasych Pavilion at the Cedar Crest site. You are strongly encouraged to attend one of these labs. Specific class information and review materials will be sent to you via email upon notification of your interest in attending. This lab will run from 9am – 12noon. Interested residents are encouraged to review the pertinent Procedure Self- Study Modules on the LVHN intranet prior to the lab, which include Abscess I & D (#35), Local Anesthesia (#43), Digital Nerve Block (#26) , Wound Management (#14), Dislocation Reduction of Shoulder (#32) and General Splinting Techniques (#34).

5. Procedure Self-Study Modules - OPTIONAL

Each resident may complete a series of 23 assigned self-study modules on common procedures in emergency medicine on the LVHN intranet and complete a small test at the end of each module. Each resident must register on the website at the beginning of the rotation and create a username and password.

Educational Responsibilities (by Day & Time)

The resident shall attend the following conferences dealing with topics emergency medicine. If you are coming off of a night shift at a site different than the didactic session, you are excused. Otherwise, attendance of these conferences is required.

Thursdays 9 am – 2 pm

Emergency Medicine Grand Rounds – Please refer to the schedule

Rotation Schedule

You will be assigned a templated schedule at the start of your rotation. You are expected to work approximately 35-40 clinical hours per week. This will allow ample time to complete the self-study modules, journal club articles and topic exams. Please note that the shift names for Cedar Crest and 17th Street correspond with the pod you are assigned to.

Start your shift in the correct pod. Shift and pod assignments are as follows:

CLINICAL SCHEDULE KEY			
Shift name:	**Hospital Site**	**Assignment**	**Shift Time:**
17–7A	17th Street	N/A	7 am - 4 pm
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CC 7a CHER	Cedar Crest	CHER	7 am – 4 pm
CC 4p CHER	Cedar Crest	CHER	4pm – 1am
CC 8aPod 3	Cedar Crest	Pod 3	8a-4p
CC 4pPod3	Cedar Crest	Pod 3	4p-12a

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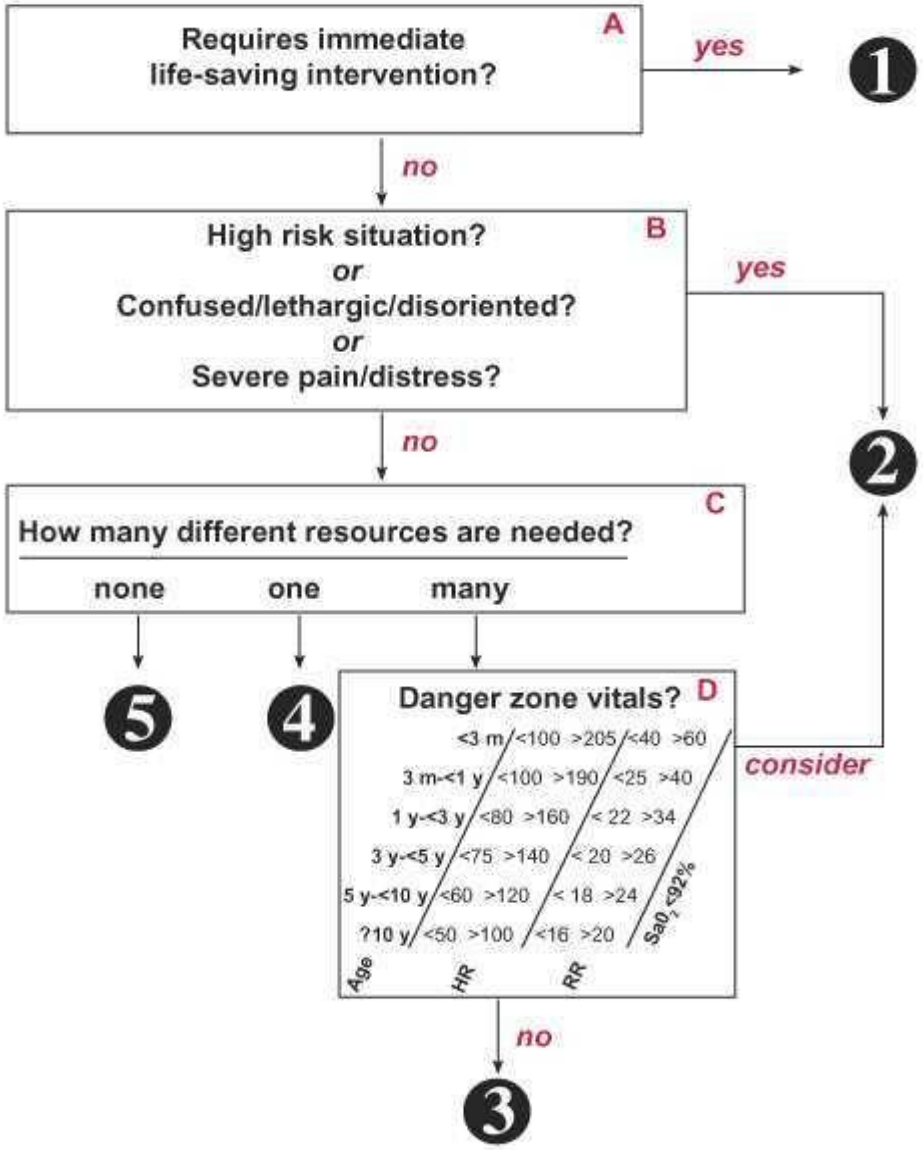
Trading with other residents/students is permitted as long as it is within the templates assigned. Please email or call Dawn in the residency office regarding any schedule changes you wish to make <u>24 hours in advance</u>.

ESI Triage Algorithm, v4R*



*Research version for HRSA#H34MC04371-pediatric ESI study only

Notes

A. **Immediate life-saving intervention required:** airway, medications, or other hemodynamic interventions; or any of the following clinical conditions: intubated, apneic, pulseless, severe respiratory distress, SpO_2<90%, acute mental status changes, or unresponsive.

Unresponsiveness is defined as a patient that is either:
(1) nonverbal and not following commands (acutely); or
(2) requires noxious stimulus (P) or unresponsive (U) on AVPU scale

B. **High risk situation** is a patient you would put in your last open bed.

Consider ESI 2 for **severe pain/distress**, as determined by clinical observation and/or patient rating of greater than or equal to 7 on a 0-10 scale (or the equivalent on a pediatric scale).

C. **Resources:** Count the number of *different types* of resources, not the individual tests or x-rays (e.g., CBC + electrolytes + coags is one resource, CBC + chest x-ray is two resources).

Resources	Not Resources
· **Labs (blood, urine)** · **ECG, X-rays** · **CT-MRI-ultrasound-angiography**	· **History & physical (including pelvic)** · **Point-of-care testing**
· **IV fluids (hydration)**	· **Saline or heplock**
· **IV or IM or nebulized medications**	· **PO medications** · **Tetanus immunization** · **Prescription refills**
· **Specialty consultation**	· **Phone call to primary provider**
· **Simple procedure = 1 (lac repair, foley cath)** · **Complex procedure = 2 (conscious sedation)**	· **Simple wound care (dressings, recheck)** · **Crutches, splints, slings**

D. **Danger Zone Vital Signs**

Consider up-triage to ESI 2 if **any** vital sign criterion is exceeded.

Pediatric Fever Considerations

1-28 days of age: assign at least ESI 2 if temp >38.0C (100.4 F)

1-3 months of age: *consider* assigning ESI 2 if temp >38.0C (100.4 F)

3 months to 3 yrs of age: consider assigning ESI 3 if temp >39.0C (102.2F), or incomplete immunizations, or no obvious source of fever.

****Research version for HRSA# H34MC04371-pediatric ESI study only***

PRESS, GANEY.

PRECEPTOR.

"Courtesy of the doctor"

Question Definition:

This question measures the extent to which the behaviors of the physician met the patient's expectations regarding what a physician should do in the realm of social relations. Courtesy is one of the most basic elements of human communication. The degree to which a physician's interaction with a patient is courteous indicates respect toward the patient. The physician's nonverbal behavior matters. Patients respond negatively to physicians who do not make eye contact, do not respect their privacy, use a familiar name without permission, etc. In an ED setting, the urgency of the situation may impact the priority staff assigns to being courteous. Attending to urgent medical needs expeditiously may be of primary importance at any particular moment. Nevertheless, courtesy should not be overlooked entirely (nor should rudeness be shown or tolerated) because it sends an important message regarding respect to the patient and family. Never act dismissive of the patient or trivialize the patient's condition (e.g. why did you bring your child into the ED when s/he only has a small fever?).

Voice of the Customer:

Consider the patient who says:

- "I spent all this time waiting to see a physician only to have the doctor barely talked to me and completely ignore my concerns."

Improvement Tips:

- Patient satisfaction is inextricably intertwined with the quality of physician communication. The connection is so strong that many experts consider satisfaction to be a direct measure of the physician's communication expertise. Effective communication skills training in interviewing, responding empathically and sensitively, communicating bad news, etc. – all have been shown to improve patient satisfaction with physicians.
- Physicians, know thyself. Become aware of any internal biases (e.g. obese individuals, indigent patients, etc.) and work on overcoming them or keeping them from being manifested.
- Understand and respect patients' preferences and cultural backgrounds. Many cultures hold physicians in extremely high regard. Consider their culture when addressing family (e.g. who, how, etc.)
- Reward and recognize physicians - especially public recognition among their peers. Physicians are highly competitive and often relish acknowledgement of their expertise, especially expertise as a "good" physician according to their patients.
- Understand and exploit the link between physician satisfaction and patient satisfaction. Significant increases in the satisfaction of medical staff are strongly associated with increases in patient satisfaction.
- Put stools in all of the rooms and areas to promote clinicians' eye contact during interviews.
- Many common courtesy behaviors influence patient satisfaction, including:
    - Knock on the door and waiting to be invited in before entering the patient's room.
    - Don't interrupt the patient or his/her family.
    - Greet the patient and indicating openness by making eye contact.
    - Physician should introduce themselves and accompanying personnel.
    - Use the patient's preferred name and title if appropriate.
    - Know or learn the identity of the persons with the patient.
    - Maintain a relaxed, attentive body posture.
    - Become aware of the patient's personal circumstances.
    - Don't talk about the patient in the third person.
    - Protect the patient's modesty.

Press Ganey Resources:

1. Gutter E, Marinaro M. Words… 'The Most Powerful Drug.' *The Satisfaction Monitor* Jan/Feb, 2002. Available from: http://www.pressganey.com/research/resources/satmon/text/bin/127.shtm

2. Wales J. "Top Physician Strategies for Patient Satisfaction" East Jefferson General Hospital (Metairie, LA) Success Story Winner, 1999. Available from: http://www.pressganey.org/client_recognition/success_stories/contest_finalist_1999/east_jefferson.php

PRESS GANEY

PRECEPTOR

"Degree to which the doctor took the time to listen to you"

Question Definition:

This question measures the patient's perception of an aspect of communication with the physician. Communication is an exchange between patient and care provider. Patients evaluate the quality of this exchange in a variety of ways. Patients will likely express dissatisfaction with physicians who do not allow the patient to be an active participant in the exchange. Additionally, if care is to be delivered in a patient-centered fashion, then the patient must be given a voice and an active role. Patients are likely to feel their role has been diminished if the physician hurries through interactions with them and does not make time to listen to what the patient might have to say. The actual number of minutes is not as important as whether the patient was able to discuss his/her concerns with the physician, and had the impression that the physician was listening.

Voice of the Customer:

Consider the patient who says:

- "The physician was completely out of touch. Nobody understood what I was going through. I felt processed."

Improvement Tips:

- Sit down. Physicians who sit down during their visits are rated by patients as having spent more time than those who remain standing. "**Two** minutes sitting at the bedside is better than **ten** minutes standing in the doorway or **fifteen** minutes standing in the doorway with one's hand on the doorknob." (Baker SK, *Managing Patient Expectations*. San Francisco: Jossey-Bass, 1998, p.81)
- Elicit the patient's "explanatory model (EM)." Given the time-constraints of the ED, all that is required is two questions: "What do you think is the matter?" (obviously this can be omitted for a number of types of injuries), and "What do you think should be done?" Many patients will not respond or will say, "I don't know – you're the doctor." This happens a lot but you have to ask. If patients respond, their EM is at least listened to and, where appropriate, accommodated. (Press I, *Patient Satisfaction*, Chicago: HAP, 2002, p.208)
- If physicians belong to a practice management group, patient satisfaction performance requirements can be tied into compensation and/or bonuses. Patient satisfaction below target can result in less compensation with bonuses for performance tiers above the target.
- Ask the patient why s/he is coming in *now*, if the problem occurred significantly earlier. If at all possible, treatment protocols should reflect the patient's present need (psychological, social, emotional, etc.) for treatment. "Frequent flyers" or patients seeking drugs often have underlying psychosocial issues which are a root cause – left unaddressed, the behavior is certain to continue.
- The perception of whether physician(s) listened can be influenced positively by a number of factors:
  - Allowing patients to fully voice their story, concerns and questions without interruption.
  - Use of open-ended questions.
  - Inquiry into how the patient is interpreting their experience (e.g. What do you think of all this?).
  - Maintaining eye contact.
  - Reflective responses (e.g. So, what you're telling me is _____?, Let me see if I have this right, ____?).
  - Language reciprocation (repeating/using patient's own words in responses).
  - Head nods, 'uh, huhs' and other signs of acknowledgements.
  - Reflective pausing.
  - Warm, friendly and reassuring manner.
  - Affective and empathic behaviors.

Press Ganey Resources:

1. Bradley W. Patient satisfaction: Not a new era of health care. *The Satisfaction Monitor* Jan/Feb, 2001. Available from: http://www.pressganey.com/products_services/readings_findings/satmon/article.php?article_id=188

2. Press Ganey Client Forum. What do patients want from the physician? Discussion, 2004. Available from: https://www.pressganey.com/forum/showthread.php?s=&threadid=587

3. Press Ganey Client Forum. Physician specific scores. Discussion, 2003. Available from: https://www.pressganey.com/forum/showthread.php?s=&threadid=388

PRESS, GANEY.

PRECEPTOR.

"Doctor's concern to keep you informed about your treatment"

Question Definition:

This question measures the extent to which the actions of the physician met the patient's expectations regarding information that should be provided by a physician in the course of care.

Different people have different informational needs and expectations. To some extent, this varies with age, socio-economic status, and cultural background, but the "New Consumerism" generally demands a greater amount of disclosure than occurred under the older, paternalistic view of medical care.

Studies have repeatedly shown that clinicians typically believe they are providing a suitable amount of information to patients, but when the patients are asked, they typically consider the amount of information given to be inadequate.

Patients respond negatively to physicians who do not keep them informed, who are inconsistent in what they communicate, or who fail to mention unpleasant consequences of particular treatments. Physicians should inform patients about treatment options as well as the progress of their condition. Patients make assessments about the amount as well as timing of information and respond positively to physicians who give them relevant, timely information. Disclosing information in a timely manner requires that the physician gauge how much information the patient can assimilate at any one time, as well as informing the patient about recent developments in their condition.

Voice of the Customer:

Consider the patient who says:

- "I want to know what is going on and my doctor never told me anything!"

Improvement Tips:

- Use terminology that is understandable to the patient (e.g. heart attack instead of ami).
- Assess the patient's comprehension of the information given.
- Inquire about the patient's understanding of the disease and its treatment, as well as how much the patient/family would like to know about the condition.
- Supplement verbal information-giving with written/print information. Give the patient and family options of where s/he can go to find out more (e.g. hospital/health system library, websites, etc.).Have this information available in multiple languages and test to ensure it is understandable among patients with low reading levels.
- Always provide more information than instinctively necessary. Patients often desire more information than they let on. On the other hand, do not act as a one-way firehose. Interact with the patient. Elicit where their concerns lie and what type of information they are interested in.
- Hardwire certain patient education materials to common illnesses, diagnoses or patient groups.
- Have three-dimensional anatomy models of common fast-track problems (e.g. foot, ankle, elbow, etc.) available in all areas to assist in physicians' explanations.
- Ensure the availability and efficacy of translation services and other aids to overcome language and hearing barriers.
- Don't sugar-coat the unpleasant side effects of certain medications or treatments. Patients always desire the truth.

Press Ganey Resources:

1. Kimball Medical Center (Lakewood, NJ) Success Story Winner, 2001. Available from: http://www.pressganey.org/client_recognition/success_stories/contest_winners_2001/kimball.php

2. CentraState Medical Center (Freehold, NJ). Success Story Finalist, 2001. Available from: http://www.pressganey.com/client_recognition/success_stories/contest_finalist_2001/centrastate.php

PRESS GANEY.

PRECEPTOR.

"Doctor's concern for your comfort while treating you"

Question Definition:

This question measures the patient's perception of the degree to which the doctor was concerned for the patient's comfort during treatment. Often, discomfort is unavoidable for the person being treated. This question does not assess whether or not the doctor was successful at preventing/ending the patient's discomfort during treatment. Rather, it is the patient's perception of whether or not the physician seemed appropriately concerned with the patient's level of comfort during treatment.

Voice of the Customer:

Consider the patient who says:

- "I'm a person and the doctor treated me as if I were a piece of meat!"
- "I don't care if you say it's not going to hurt – it hurt! Tell me the truth!"

Improvement Tips:

- Some key points from the patient's perspective to consider when evaluating comfort during treatment:
  - Have you asked the patient if he or she is comfortable?
  - Have you asked the patient if there is anything that they need in order to be made more comfortable?
  - Do you respond promptly to requests during your encounter with a patient?
  - If you must deny their request for something specific that would make them more comfortable, have you explained why and offered alternatives?
  - Before initiating an uncomfortable procedure, did you let the patient know what was going to happen, and ask him or her what might help make them more comfortable during the impending procedure? For example, perhaps the presence of a family member or friend?
  - If the patient experiences discomfort or pain, do you acknowledge their pain and apologize?
  - Is your manner of touching the patient more rough and abrupt than necessary?
  - When the patient expresses distress over their level of discomfort, do you acknowledge those concerns and try to ameliorate the situation promptly?
  - Do you apologize for any discomfort the patient may experience as a result of what you are doing?
- Do not underestimate the value of the placebo effect when giving the patient an analgesic or comfort item. Saying, "*This will help ease the pain*" or "*By giving you this, you'll experience a little less discomfort.*" Such prompts will affect patients' perceptions of comfort.
- Have pillows, blankets and other comfort readily on hand to make it easy for physicians to offer these to patients.
- Have chairs available in the treatment area to encourage family or visitors. Their presence may provide a source of comfort and distraction for patients during a treatment procedure.
- Make certain all physicians are aware of their scores. Reward, recognize and hold individual physicians accountable. A single ED physician with very poor scores can drag down the entire ED.
- Purchase new stretchers – these may positively affect other comfort perceptions, as well.

Press Ganey Resources:

1. Press Ganey Client Forum. Engaging Physicians to Participate in Customer Service Initiative/Training. Available from: https://www.pressganey.com/forum/showthread.php?s=&threadid=411

2. California Pacific Medical Center (San Francisco, CA) "How to Succeed at Building a Culture of Excellence in a Large, Complex Organization" Success Story Winner, 2003. Available from: http://www.pressganey.org/client_recognition/success_stories/2003/winners/california_pacific.php