Medical Student Expectations

Every attending has different expectations - a challenging situation for you as an inexperienced provider. This document is intended to make your life a little easier.

- If you are ever seeing a patient whom you are concerned might be unstable or in need of immediate intervention, find me or a resident. No one will ever criticize you for being overcautious - medical students who try to handle situations above their level of training run into trouble very quickly.
- Please assign yourself to all of your patients as soon as you decide to see them. Only one patient at a time, please.
- Review all your old patients before presenting a new case or cases with me. Take a moment to check in on them and see how they're doing, then review their results for anything new, and consider what we're waiting on. Is there anything else we need to do for this patient?
- Read the triage note and review the clinical summary. If the triage note does not jive with your findings, this must be addressed.
- Review prior visits to the ED and hospital. Use the clinical notes and all documents tabs to review prior visits. If the patient was recently seen by a medical provider, consider either looking up what was done for the patient or calling the provider to get more history.

Compose a note using the following template in the wordpad application and print it out prior to presenting to me.

1. Age / gender / chief complaint / duration of chief complaint
2. Past medical history - make a numbered list. After each condition, indicate any disease-specific medications and if the patient is actively followed by any physicians for the given disease. Does the patient have a primary physician? Where does the patient usually get medical care?
3. Medications not mentioned in PMH. Have there been any medication changes recently? Is the patient taking medications as prescribed?
4. Allergies to medications, and what that allergic reaction is.
5. Social status, including
   a. Home environment - who does the patient live with? is the patient homeless?
   b. Level of function - is the patient fully functional, or does the patient require assistance with ADLs? Who looks after the patient, if the patient requires looking after? What does the patient do during the day (work, school, take care of children)?
   c. Bad habits - ethanol, tobacco, other drugs
   d. Which language does the patient speak? How good is the patient’s English?
   e. Who is with the patient in the ED right now?
6. Prior medical encounters, especially recent admissions to the hospital, clinic visits, and, most importantly, prior presentations to the ED. Note pertinent labs, imaging, and treatments. If the patient has never been seen here, please note this.
7. HPI - this should be chronological, usually starting with “the patient was in his/her usual state of health until...” and continue with a coherent narrative of what has happened until now.
8. Exam: general appearance, vitals, mental status (if you think the mental status is normal, say "normal." if it's not normal, describe how it is abnormal), general exam (how does the patient look overall?), then head to toe exam.
9. ED course: what has already been done for the patient, if anything, and what results have come back.
10. It is very important that you write an assessment and plan. The five components:
    a. A summary of the pertinent features of the case
    b. What you think is the cause of the patient's symptoms
    c. Which dangerous conditions or complications could be causing or associated with the patient's symptoms
    d. Which tests are indicated to rule out these dangerous conditions
    e. Any therapies, including symptom relief, that are indicated

Don't hold back on your assessment and plan - the way you learn is to commit to decisions. We may not go forward with your plan, but that's okay, that's why you're here.

- If I am reviewing a case with another provider and you have a quick question, interrupt me.
- When discharging a patient, make sure you include indications for immediate return to the ED and specific follow-up instructions
- If you have a problem with anyone you worked with on your shift, or if you have any concerns or questions that arise at any time, tell me during the shift or email me after the shift.

(this document shamelessly plagiarized in its entirety from Dr. Jake Isserman)

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