Thank you for hosting a WRITE student this year! This document contains WRITE information specific to Medicine Student Programs, covering topics that you will encounter during the rotation:

Medicine Clerkship Team
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Medicine Goals and Objectives

Knowledge:
- Learn a basic approach to diagnosis and management of a broad range of diseases encountered in general internal medicine.
- Learn to use basic medical therapy: Diet, activity modification and drugs.
- Learn to recognize and treat major organ system failures.

Skills:
- Gain further experience and confidence in history taking and physical examination.
- Refine and condense write-ups and oral presentations to be as precise and efficient as possible in communication about patients.
- Learn to use laboratory tests, radiologic examinations and special procedures, (i.e., blood drawing, intravenous lines, arterial blood gases) to assist in delineating patients' problems.
- Learn to construct differential diagnosis, and be able to support diagnosis based on history, physical exam, and laboratory findings.
- In addition to general clinical skills, we have developed specific benchmarks for three skill sets which will be used for the mini-CEX and the senior OSCE. These skills are:
  - Chest examination
  - Cardiac examination
  - Oral case presentation

Guide to E*Value student evaluation program

Student nonclinical responsibilities
Experience:
- Become involved in the care of individual patients, following these patients from admission to discharge (and beyond where possible).
- Develop an appreciation of the impact of illness in the individual patients and recognize the psychosocial factors which affect medical illness.
- Learn in depth about the specific diseases and symptoms of your patients and develop learning habits which will serve as a model for life-long learning as a physician.

Student Evaluation Process
WRITE students’ final grade is along a “Honors”, “High Pass”, “Pass”, and “Fail” scale. The student’s final grade factors their cumulative clinical GPA from both WRITE and Seattle inpatient rotations with the NBME Internal Medicine subject exam score. Students will take the exam on March 28, 2014. To calculate the final grade, the average test score and standard deviation are computed for the group taking the exam that quarter and added to students clinical GPA using the following formula:

\[
\text{Final GPA} = \text{Clinical GPA} + \left(\frac{\text{Your exam score} - \text{Mean score}}{\text{Standard deviation}} \times 0.25\right)
\]

Final GPA Cutoffs are...
- Honors: 4.6 or greater + students scored above national mean on test
- High Pass: 4.00-4.59 + student test score one SD below UW mean or higher
- Pass: 3.00-3.99
- Fail: under 3.00 or unacceptable professionalism

Clinical Evaluations by Attending
To calculate the Clinical GPA, students must be evaluated by IM attendings. The system we use to evaluate students is called the P/RIME method. The P/RIME method combines the widely used RIME technique for assessing a student’s cognitive and clinical abilities with assessment of professionalism. Both are crucial to the final grade. The following table provides some guidelines for students and faculty in assigning a grade based on these criteria:

<table>
<thead>
<tr>
<th>Professionalism</th>
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<tbody>
<tr>
<td>Qualities to assess under professionalism include:</td>
</tr>
<tr>
<td>Compassion</td>
</tr>
<tr>
<td>Respect for patients, peers, and colleagues</td>
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<tr>
<td>Responsibility</td>
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<tr>
<td>Integrity</td>
</tr>
<tr>
<td>Altruism</td>
</tr>
<tr>
<td>Scholarship or Educational attitudes</td>
</tr>
</tbody>
</table>

Students who are examples to others of professional behavior are at the “Honors” level. Students who are neither superlative nor deficient in professionalism can be considered for “High Pass. Students with minor deficits who are working to correct them are considered “Pass”. Students with major deficits who fail to correct them despite receiving feedback during the clerkship should fail the clerkship.
**Reporter**

Takes excellent history and does an appropriate physical exam. Is able to do concise and excellent presentations and exchanges information very well. This level is the expected competency level (PASS) for a third year medical student. *As expected or Above expected* on the grading form.

The student takes information and reliably interprets data to come up with diagnoses and appropriate differential diagnoses. The differential diagnoses should be weighed to point out the most likely diagnoses. Students functioning at the Interpreter level most of the time are at the High Pass level.

The student at the Manager/Enhanced Communicator level excels as a Reporter and Interpreter but in addition routinely suggests appropriate patient management issues that shows understanding of the disease process and the underlying pathophysiology. They also demonstrate enhanced communication skills which may include:

- Explain diagnoses, prognoses, and plans to patients in language they can understand
- Answer patients’ questions, and find the answers to questions when they don't know
- Interact with patients and families after the clinic visit or hospitalization
- Communicate efficiently and respectfully with colleagues, including excellent oral presentation skills and concise, thorough write-ups
- Demonstrate comprehension by tailoring the amount of information given to the clinical situation and asking appropriate questions of their teachers and peers

Students who demonstrate Management and Enhanced communication skills most of the time are at the “Honors” level. Students who show only one of these skills consistently but not both should be given a final grade of “High Pass” with mention made of their strengths in the comments.

### Your Evaluation Schedule

You will receive evaluations for your student at two points during their rotation, midterm and at the end. Once evaluations are generated you will receive a notice from E*Value, the UW School of Medicine evaluation program. We request that you complete your evaluations within 7-10 business days.

Automatic reminders will be generated weekly until the evaluation is completed. If you need more time to complete the evaluation please contact Carmelita Mason-Richardson, carmelit@uw.edu or 206.616.0677.

### Guide to E*Value Student Evaluation Program

Our online student evaluation program is called E*Value. When evaluations are generated you will receive an email with instructions for logging in, and the link will take you directly to your evaluation queue. If the email becomes lost, instructions to use E*Value are as follows:

**Access Via UW NETID (For UW Faculty):**

1. Click UW E*Value Portal link below
2. Click “Login for all students and most UW Faculty (UW NetID authentication)”
3. Enter UW NetID
4. Click “Pending Evaluations”
5. List of evaluations to complete appears
6. Click “Edit Evaluation”
7. Complete evaluation then hit “submit” at end.

**Access with E*Value generated password:**
1. If you do not have a UW NetID, E*Value email notifications include your E*Value password and Login.
2. Click E*Value Portal Link Below
3. Click “Login for non-UW educators”
4. Login with E*Value password information from email notification
5. Follow steps 4-7 above

**Didn’t work with student long enough to evaluate?**
If you ever receive an evaluation for a student that you did not work with, or work with long enough to provide a meaningful evaluation, please suspend the evaluation. This will stop E*Value email reminders.

**To suspend:**
1. Log in via one of the above methods.
2. Follow steps 4-6 above
3. Top section under student photo you will see “Suspend”. Click this and follow prompts to suspend the evaluation.

UW E*Value Portal:  [http://www.uwmedicine.org/Education/MD-Program/Current-Students/Technology/Pages/E-Value.aspx](http://www.uwmedicine.org/Education/MD-Program/Current-Students/Technology/Pages/E-Value.aspx)

**Student Nonclinical Responsibilities**
In addition to their clinical experience, students also have five additional course requirements:

1. **SIMPLE Cases:** 12 virtual patient cases. Students are required to complete these prior to arriving at your WRITE site.

2. **Patient Logging:** Students are required to log 9 cases during their inpatient rotation in Seattle, and 3 during their WRITE experience with you. Note this is in addition to WRITE patient logging requirements:
   - Inpatient:
     - Chest pain
     - Dyspnea
     - GI Bleed
     - Abdominal pain
     - Altered mental status
     - Fever
     - Diabetes
     - Electrolyte disorder
     - Kidney failure
   - WRITE:
     - Hypertension
     - Joint or back pain
3. **Mini-CEX:** The Clinical Evaluation Exercise, or Mini-Cex, is a clinical examination done with a real patient. This is completed prior to student’s arrival at your site. Students will be observed by a preceptor evaluating a patient with a cardiopulmonary problem.

4. **Online Lectures:** Students attend 6 lectures in Seattle, and watch the remaining 6 during their WRITE experience.

5. **Final Exam:**
The WRITE IM final exam will be given to students Friday, March 27, 2015, between 8:30am-noon student’s local time zone. Instructions will be forwarded to them prior to the test. We use the NBME Subject Exam for Internal Medicine. The test is 100 multiple choice questions.

In February 2015 Carmelita will be coordinating with WRITE students to determine the students testing location. Your student will know by the end of February where this location will be, and they will make arrangements with you if they need time-off the day prior for travel.

6. **Clerkship Evaluations:**
At the conclusion of their WRITE experience, students will complete clerkship evaluations, and evaluations of attendings they have worked with.