# Swedish Family Medicine Residency Program Cherry Hill Medical Student Clerkship

**Welcome!**

We love the work we do seeing patients and learning from one another, and we’re thrilled to share it with you. We want you to enjoy yourself and have an opportunity to direct your learning. Enthusiasm and active questioning are greatly appreciated by all of our teachers and patients. We appreciate that learning styles differ; let your preceptor know how you learn best.

Check with individual preceptors about their expectations for each clinic session, as their styles may vary. The chance to work with a number of different preceptors with different bodies of knowledge and interests is part of what students have suggested adds to the richness of our site.

Understanding cross-cultural issues is very important to our work at Cherry Hill. Please read this section in your student guide and take opportunities to discuss it with your preceptors.

You are encouraged to participate in all aspects of patient care, including follow up on patient encounters with phone calls, checking labs, going to community sites, and arranging to be at follow-up appointments. It is best to keep a patient log for this purpose.

# Electronic Health Record

Our clinic and inpatient service use the EPIC electronic health record. Access information for EPIC will be given to you the first day of your rotation. Completion of an online Epic training model is required before Epic access is granted. \*\*\***You must complete this module through the online Swedish GME portal PRIOR TO STARTING YOUR CLERKSHIP.\*\*\***

<https://www.swedish.org/for-health-professionals/graduate-medical-education/information-for-students>

When you are filling out the application in the portal, please put Dr. Alice Tin as the preceptor. This is just used to set up computer access. You may have a different preceptor when you start.

If you are experiencing difficulties with the GME portal please contact Janice Getchell, [gmeonboarding@swedish.org](mailto:gmeonboarding@swedish.org)

You also receive a Swedish Outlook email account during your time with us. The address convention is [firstname.lastname@ swedish.org.](mailto:firstname.lastname@swedish.org) Be sure you look at your account on the first day of the rotation and daily thereafter. You can also forward it to your main UW account. Preceptors and administrative staff will occasionally send changes in your schedule to that address.

# Contact Information

Administrative offices: **4th floor of the Cherry Hill Professional Building at**

**550 16th Avenue / Suite #400 / Seattle, WA 98122**. Our fax number is 206-320-8173. \**Clerkship Site Director and primary preceptor: Alice Tin, MD*

*Email: Tin, Alice* [*alice.tin@swedish.org*](mailto:alice.tin@swedish.org)

\*Clerkship Director Dr. Tin will be on parental leave from 11/15/22 – Spring 2023. While she is on leave Amy Chabitnoy, MD will serve as Director: [amyc@sihb.org](mailto:amyc@sihb.org)

Residency Office and voice mail: (206) 320-2043

Pager: (206) 998-6266

**Main Clinic:** (206) 320-2484;

Back line: (206) 320- 2929; Preceptor desk: (206) 568- 7913

# Residency Administrative Support:

1. Questions: [renee.conroy@swedish.org](mailto:renee.conroy@swedish.org)
2. Clerkship Scheduling Advisor: Michael Sutherland: [Michael.Sutherland@swedish.org](mailto:Michael.Sutherland@swedish.org)

# Swedish GME – General Onboarding/Account Access questions

1. Janice Getchell, [GMEonboarding@swedish.org](mailto:GMEonboarding@swedish.org)

# Parking: UPDATE: WE ARE NO LONGER COVERING THE COST TO PARK AS OF JUNE 2021.

## Cherry Hill Campus Parking:

There is parking available on the Cherry Hill Campus in the garage located on 16th Avenue between Jefferson and Cherry Street. Please make sure at the end of your rotation with us along with your badge and pager.

## First Hill Campus Parking:

There is parking available on the First Hill Campus in the Minor and James Swedish Employee Garage located at 601 Minor Avenue.

The contact information for Parking Services is listed below. You may also contact Renee Conroy, [renee.conroy@swedish.org](mailto:renee.conroy@swedish.org), (206) 320-2761.

NOTE: We are NOT ALLOWED to reimburse the Med Students / Sub-I's if they pay for parking

# First Day Logistics:

Please report to the Administrative Offices of the Swedish Family Medicine Residency Cherry Hill at 9:00 on the first day of the rotation. We are located in the Cherry Hill Professional Building on the Cherry Hill Campus of Swedish Medical Center. Our street address is 550 16th Avenue (on 16th between James and Cherry). Enter via the Main Entrance and take the elevator up to the 4th floor. **The access code to enter is 0448\***. Please keep this and all access codes are confidential.

* You will receive orientation from Dr. Alice Tin and then over lunch will join in a **required online UW webinar**. After lunch you’ll proceed to the clinic, located on the first floor. Renee Conroy can assist you with any other on-boarding issues and answer general questions. Please wear attire appropriate to working in a clinical setting, as you will be working with patients on your first day.

Clinic: As a guide, plan to see 3-4 patients per clinic session (1/2 day) and document their care in the chart.

In clinic you will work with senior residents and faculty. Your weekly schedule will be emailed to you prior to your rotation. You will be caring for patients either in-person or over the phone, using video per our Covid-19 guidelines provided by the CDC. In clinic your assigned preceptor must see EVERY PATIENT before they leave the exam room. Medical students have varied comfort and competence.

YOU are responsible to tell your preceptor if you have been asked to do something that may compromise the patient. **Please plan to stay until patients are seen and paperwork completed, usually not more than one hour after scheduled clinic hours.** If you find you are staying later than 6 pm routinely please discuss your patient load and documentation responsibilities with your preceptor.

# Cherry Hill Clinic Hours:

Mon/Wed/Th/Fri: 8:00-12:30, 1:30- 5:00

Tuesday: 8:30-12:30 (Didactics 1:00-5:00. Check the 4th floor conference room schedule for topics)

# Patient-Centered Communication Observation

* Dr. Alice Tin will arrange to observe you, or a preceptor or a lead will be assigned to assist you with your patient visits 2-3 times during the rotation using the patient centered observation form.

# Inpatient Family Medicine Service (FMS)

* **Dr. Alice Tin can assist you with contacting the senior residents on service the week before you start in the hospital, so they know to expect you.**

Physicians and students on the FMS strive to provide top quality, evidence-based, culturally sensitive care to our pediatric, obstetric and medicine patients. Typically, one week of your clerkship is spent on FMS. You will work with family medicine residents and attendings providing full spectrum inpatient care to our patients from five outpatients clinics: Sea Mar, Seattle Indian Health Board, Carolyn Downs Community Health Clinic, International Community Health Services, and Swedish Family Medicine,

Cherry Hill Campus. These are the Swedish Family Medicine Cherry Hill Campus Residency continuity clinics. You will also care for patients from the Community Health Centers (CHC), from the Adult Hospitalist Team (AHT), and the Pediatric Hospitalist Team (PHT). The FMS works on the Swedish First Hill Hospital campus.

**First Day on FMS**: Please report to the Family Medicine Service work room on the First Hill Campus at 6:15 AM. The work room is in the Heath Building on the 9th floor. The chief of service will coordinate with you about where exactly to meet. You will join the team as they get sign out from the night float. Ask for a copy of the patient list so you can listen actively. You will likely be assigned patients from this list. Following sign-in you should stay with your senior resident or chief. Goals for the first few hours include:

1. Brief orientation to the inpatient EMR (EPIC) and tour of the hospital
2. Meet with your seniors to go over learning style, goals, expectations and schedule (i.e. will you stay on med/peds side of FMS versus working with OB/newborns)
3. Introduction to the entire team before formal rounds
4. Meet the patients you will be taking care of
5. Review your schedule with the chiefs. You are responsible for arranging your own call schedule with the Senior Resident at the beginning of your rotation.
6. Please wear attire appropriate to working in a clinical setting, as you will be working with patients on your first day. The hospital provides scrubs. You will have access to a fridge— bring whatever you’ll need.

As a 3rd year medical student, you are expected to model your role after that of the sub-interns and interns on service. Interns, sub-interns and MS3’s arrive at the hospital at 6:00 am to start pre- rounding. Sign in/out is at 6:15 am. You may receive a “float” admission early in the morning. Your senior resident or chief will alert you about this. The family medicine chief of service (R3) will let you know where and when formal rounds will start and will divide patient care responsibilities among interns and sub-interns. Allow some time between work rounds and formal rounds to “huddle” with your R2 and review the patient’s plan.

You should always write complete daily progress notes on your patients and do your best to develop and present complete assessments and plans. Patient care plans must always be discussed with an intern (if applicable) and approved by Family Medicine senior residents or faculty. All notes and orders must be cosigned. A detailed schedule will be provided to you when you arrive. When working on the OB/newborn side of the service, you will work very closely with the FMS OB R1 or R2.

# Call

**There is no overnight call or weekend call**

You will be expected to take 2-day time call shifts during your week on FMS. **You are responsible for arranging your call schedule with the Senior Resident at the beginning of your rotation.** If a special situation comes up (like a delivery of a patient that you already know), you may substitute that for scheduled call. Call is a day shift only from 0600-2200. If there are admissions and/or labor deck activity when you arrive in the morning, you will only round on your own continuity patients before

getting involved in the admissions. Let the resident on call know that you should be contacted for medical, pediatric, and obstetric admissions.

**We strictly follow resident work hours. You must leave the hospital 16 hours after you entered it with no exceptions.** Make sure you communicate your needs with your team**.**

It is important that you present your patients the day following an admission. If this isn’t possible, please talk with your senior resident to make other arrangements.

# Presentations

Err on the side of formality whenever presenting. While an inpatient H&P presentation clearly differs from an inpatient SOAP or outpatient SOAP presentation, the structure is critical for clear communication. You may be asked to shorten up presentations once your team/preceptor knows that you know how to present. Again, every time you have a new team or preceptor, default back to formal presentations until/unless you are asked to do otherwise. We know it can start to feel like “Goldilocks & the Three Bears” (“it’s too brief!”, “It’s too detailed!”) Do the best you can – it usually works out well, and you become more flexible in the process.

# Feedback

Timely, relevant feedback is an important part of the education process. While on FMS, please arrange a feedback session with your senior residents **at least** during the week. While in clinic, you have daily evaluation sheets. After each half-day in clinic please ask your preceptor to fill out a sheet. This should act as a prompt for them to discuss your performance during that session. A formal feedback session will be scheduled with the site director after the second week of the clerkship and again at the end of the clerkship. Final grades are determined by course directors at UW based on input from all your preceptors. Guidelines are posted on the web.

# Conferences

1. **Tuesday Didactics** conferences are held via Zoom from 12:30-5:00. We will provide you with the Zoom link for these sessions. As medical students, you do not attend Balint, Resident-only sessions or staff meetings. If a Tuesday afternoon starts with one of those, please grab lunch at 12:30 and return for the didactic talks. The chief of inpatient FMS will give you a calendar of the various inpatient teaching conferences you will be expected to attend while on FMS.
2. **Grand Rounds, Internal Medicine Morbidity and Mortality Conference, and OB Morbidity and Mortality Conferences** have variable dates and we’ll let you know if any fall on the times you are here.

# Other Educational Experiences

If you are interested, inquire whether you might observe residents and attendings in Procedure, Sports Medicine or Colposcopy clinics. There is an option to spend a clinic day on the Addiction Recovery Services ward on the fifth floor at Swedish Hospital’s Ballard campus. Medical students have found this an excellent opportunity to learn about the challenges of addiction medicine. Call (206) 781-6209 to

arrange with Dr. Jim Walsh. As priority is given to residents, these experiences are largely observational and, of course, subject to patient, resident and attending approval**.**

# Attendance/ Dress

If you are unable to attend due to illness or a pressing family obligation, **notify the site director ASAP**

so folks know where you are. Unexcused absences are considered a breach of professionalism. Professional attire is expected, white coats are optional. Many residents and faculty wear white coats in the hospital (pockets!) but few do in clinic. Clean scrubs are permitted when necessary. Always wear your ID badge.

# Educational Materials

You are encouraged to make good use of online resources to obtain current, evidence-based information on patient care. Recommended online evidence-based resource: Dynamed—(available via UW Health Sciences Library, Care Provider Toolkit), Up-to-Date (not so evidence-based, but a nice online textbook, available through UW HSL). Recommended resources for inpatient FMS: “Pocket Medicine” and “The only EKG book you’ll ever need” by Malcolm Thaler. Any EKG book will suffice if this one isn’t already in your library. The Maxwell Quick Medical Reference pocket guide may help you with normal lab values, structure of notes for clinic and hospital, etc.

# Phones

In-house numbers on the Cherry Hill campus begin with 320- and shortened to “2”+4digits when dialing from a Swedish facility. In house numbers on the First Hill campus begin with 215- (shortened to “5”+4 digits when dialing in house) and 386- (shortened to “6”+4 digits in house). When paging, enter your extension followed by “\*” and your initials to identify yourself. Dial 9- to get an outside line. The phones in the First Hill team room require 10 digits for outside dialing.

# Access codes: See also the phone # card which you received at orientation

Cherry Hill Physician lounge- door code **4250\*** Cherry Hill 4th floor suite 400- **0488\***

First Hill Physician lounge- **ID access only**