

# ACADEMIC ASSOCIATE MANUAL



## St. Luke's/ Roosevelt Academic Associate Program

-NEW YORK CITY-

Spring 2012

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## **What will I be doing as an academic associate?**

As an Academic Associate (AA) in the Emergency Department (ED) of St. Luke's or Roosevelt Hospital, your primary responsibility will be to ongoing research projects being conducted in the department in an effort to improve emergency care, to bring greater precision to the practice of emergency medicine (EM), and to improve the quality of care. Each of these projects focuses on a different aspect of patient care, and they include clinical trials on medications, patient and physician survey studies, observational cohort studies, practice-pattern studies, and ultimately many more.

You will be asked to be in the ED, waiting and watching as patients arrive and are treated; your job will be to identify patients who are potential study participants, or whose presence generates a study opportunity -- in essence, to assist the hospital in collecting the data upon which these studies will be based. Once you have identified these patients your further involvement will range from identification and consent of the patient, to executing survey questions, to collecting data from physicians and/ or charts, to informing physicians of the study applicability. Another word that perhaps better describes what you do as an academic associate ("AA"), is research assistant. What does that entail with respect to your role? Your job is to:

- Screen patients in the ED to see what study(s) they are eligible for
- Approach those that are eligible
- Explain the study(s) to them
- Assist them in signing the necessary enrollment paperwork
- Gather appropriate contact information for each study candidate in case we want to follow up later,

And depending on the study,

- Ask patients certain survey questions and gather patient medical history and symptoms
- Observe and record information about various procedures that might be performed on the study patient/subject
- Consult with the patients' doctors, getting them to record their clinical impressions and reminding them to order certain tests
- Use the computer database to find and record lab data on patients
- Transfer information from one computer database to another, and
- Assist with all the paperwork for enrolling patients in the studies, and collecting and recording the necessary data

## **...What will I be doing as an academic associate?**

The details of executing your job will be taught to you in orientation sessions before shifts start that will tell you everything that you need to know. In addition to these sessions there are two documents of importance for each study and they will be able to walk you through how to do every detail of work that needs to be done as it relates to each study. The first of these two documents is what we call the “cheat sheet,” which tells you how to enroll each patient and what to look for in order to find them. The second document is the study data form, which is usually fairly self-explanatory (a survey, a datasheet with empty boxes for you or a physician to fill in, etc.). There is also an AA Computer Manual that is fully illustrated which will tell you how to work with the computers in the ED.

Much of the job will be waiting for the arrival of study patients. Depending on the day, the number of ongoing studies, and the patient mix, this will likely range from being extremely busy to being not busy at all (much like the jobs of the ED staff). The ED has a computerized tracking system which you will all receive basic training for and which will allow you to see, among other things, the chief complaints, vital signs, and triage information of each patient as they arrive. Though not your only tool, this will be your most valuable tool in identifying which patients may apply to your arsenal of studies.

There is no pay for the AA position. However, Dr. Bania, Dr. Newman, and/or Dr. Quaas expect and plan to write letters in support of AAs who spend time and effort on the program for endeavors that you are pursuing (i.e. medical school or health-related fields, etc.) We do expect that this will be a surprisingly enriching experience for you, both in terms of the research experience you gain, and also in the exposure to modern medicine that you enjoy. The ED is the place where illnesses of every single type and variety end up eventually. There is no illness that we do not see in the ED, and we see patients at all points of the spectrum in terms of severity. You will also gain invaluable research experience and hands-on clinical involvement in research. This is not bench research, so your experience will be clinically oriented.



## Where will I be working?

You will be working at the emergency departments of either St. Luke's Hospital or Roosevelt Hospital, or both. The entrances are located on:

St. Luke's Hospital:

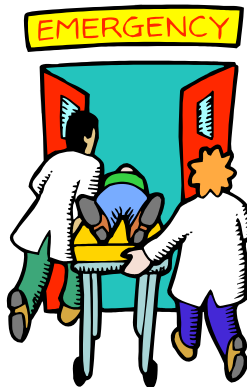
The Northeast corner of the intersection of 113 St. and Amsterdam Avenue

Roosevelt Hospital:

The east side of 10th Ave. between W. 58th and 59th Streets

→ Show your ID to security when you enter the doors

- At St. Luke's, you'll be working at the two computers by the "yellow team" desk. To get there, enter the ED on 113<sup>th</sup> St. and take a quick right, go down the hallway past the large glass ambulance entrance doors, turn right, then left; you'll be looking for the last cluster of desks, farthest from where you entered. If those two computers are busy, there is a third computer available, on a shelf just past the last desks.
- In the newly renovated Roosevelt ED, your new computer stations are behind the glass in the triage/waiting room area. When you arrive for your first shift in this new area simply tell the triage nurse in the waiting room triage area who you are and they will show you back to these desks. Sign into these computers the way you would the previous ones (Novell sign in academic/associate1, then use your regular sign ins for EMSTAT).



## **Shuttle Schedule:**

There is a free shuttle bus that runs between the two hospitals (show your SLR ID card):

The Roosevelt site shuttle stop is on Tenth Avenue at the curb directly in front of the main entrance of the new building (drop-off and pickup). The 555 West 57th building stop is at the W. 58th Street entrance (drop-off only). The St. Luke's shuttle stop is in front of the Medical Arts Pavilion at 1090 Amsterdam Avenue, across the street from the old Clark entrance (drop-off and pickup).

Traveling Northbound, the shuttle takes Amsterdam Avenue. Schedule permitting and upon request, the driver will stop at West 77th, 84th, 96th and 108th Streets. Traveling Southbound, the shuttle takes Columbus Avenue. Schedule permitting and upon request the driver will make the same stops as above as well as the 58th Street entrance of 555 West 57th Street. Should traffic on the usual routes cause schedule delays, the driver will use alternative routes that are less congested, i.e., Columbus Avenue, Broadway, Riverside Drive, West End Avenue or a combination of the above.

The ride usually takes 15 minutes or less, depending on traffic and time of day.

<b><u>Leaves Roosevelt</u></b>	<b><u>Leaves St. Luke's</u></b>
6:00 AM	6:15 AM
6:45 AM	7:15 AM
7:45 AM	8:15 AM
8:45 AM	9:15 AM
10:00 AM	10:30 AM
11:00 AM	11:30 AM
NOON	12:30 PM
1:00 PM	1:30 PM
2:00 PM	2:30 PM
3:00 PM	3:30 PM
4:00 PM	4:30 PM
5:00 PM	5:30 PM
6:00 PM	6:30 PM
7:00 PM	7:25 PM
8:15 PM	8:30 PM
9:00 PM	9:30 PM
10:00 PM	10:30 PM
11:00 PM	11:30 PM
MIDNIGHT	12:30 PM

Note: The last shuttle departs from the St. Luke's site at 12:30 AM and arrives at the Roosevelt site at about 12:45 AM. The shuttle will no longer return to St. Luke's site after dropping off the riders at the Roosevelt site.



## **What tools will I be using to do my job?**

All of the action revolves around hard-copy paper forms called “study consent form packets”. There is a separate packet for each study. Each packet contains all the forms needed to enroll and record the data on one individual patient. These packets are where you will document the patient’s consent, e.g., get them to sign, and where you will record all of the information pertaining to that patient (physician’s impressions, answers to patient interview questions, and lab values, etc.). All forms are in their respective folders on the L drive. To help you with your duties, there are two main, separate computer database systems that you will be using:

- The most important database is called “Emstat”. It is an electronic tracking and charting system that allows you access to all the information you will ever need about a patient: chief complaints, room numbers, lab values, the names of their doctors, medications, etc. It is the most important tool you have. It gives you the information you need to screen patients for study eligibility and contains all of their personal and medical data, which you will be transferring onto the hard-copy forms. The only thing you don’t have access to through it is the EKG results.
- The second computer tool you will be using is “Microsoft Access”. Most of the studies we are conducting have their own associated Access database. Once you have collected all of the information on a patient enrolled in a study and recorded it on paper on the study consent packets, you transfer that information to the study’s access database. The form that you complete electronically to enter information into the database is a replica of the consent form packets. This allows us to eventually tabulate, synthesize, analyze, and draw conclusions from all the data we’ve gathered. Via Microsoft Access you will also be able to access the attendance and enrollment tracking databases. The former allows us to keep track of your hours and the latter of individual and team productivity.

Note: For detailed info on computer use, refer to the computer manual.



## **The ED environment: who's who, and how is the ED organized?**

The ED is a dynamic and for many, a difficult environment. Things are occasionally serene and well controlled; however, this is the exception and not the rule. To the untrained eye the St. Luke's ED can at times look and feel like chaos. It is a Level I trauma center and is one of the busiest ED in the country. Your job will be to begin to understand this chaos so that patterns become identifiable, patients who are study-applicable are not missed, and physicians are kept apprised of study opportunities.

Those who feel that blood is extremely unsettling or that human suffering is absolutely intolerable may find it difficult to work in an ED. We alleviate suffering and cure disease when we can, but a certain amount of blood and pain are an unavoidable part of the acute care setting. Having said that, most people who are interested will likely find themselves fascinated and stimulated within the environment and we encourage everyone to try.

The ED staff is highly diverse, with an eclectic range of personal dispositions. We want you to know each and every attending physician working in the ED on each shift you work to encourage facile interactions when study opportunities arise. Some physicians will be gruffer than others, but all are happy to have you, guaranteed! We are attending physicians in an academic institution: it is our job to work with students at all levels, from undergrads to graduates to medical students to interns to residents to fellows. Each of us could have taken substantially more lucrative positions in non-teaching hospitals, but chose this path instead. Therefore it is not only acceptable, it is entirely encouraged for you to be inquisitive and involved. Furthermore you will be assigned to "shadow" shifts where you are to be attached at the hip to a resident physician. This will enhance your experience and make you better at gaining research enrollments.

The staff at the emergency departments at both hospitals is divided up into teams, each of which has its own color. All patients are assigned to one of these teams. Each one consists of several attendings, interns/residents, nurses, and ED techs. Every patient is assigned an attending, a resident, and a nurse. At St. Luke's, there are four teams: red, green, yellow and blue. There is also a fast track and a pediatrics section. At Roosevelt, because their ED is less busy, there is only a red and a green team; yellow means fast track. Each team has its own desk. You will be interacting with the staff on each of these teams.

Attendings are MDs who have completed all of their medical training, have a license to practice medicine, and are board certified in the specialty of Emergency Medicine. Attendings supervise the residents, have the final say on all patient care decisions, and are assigned a relatively large number of patients. They supervise the residents.

Residents have graduated from medical school and have their MD degrees. They are now learning the specialty of Emergency Medicine (or in some cases they are residents rotating in the ED and are learning the specialty of surgery, internal medicine, or obstetrics and gynecology). They work long hours; they are called residents because historically they virtually lived in the hospital. An EM residency generally lasts three or four years (three at SLR). First year residents are called interns. Residents are assigned fewer patients than the attendings. They participate in and perform all aspects of patient care but the attending has the final say on all decisions.

Nurses are the individuals that everyone relies on. They administer medications, start IV lines, and draw bloods, take vital signs, and generally care for the patient on a highly personal level.

Emergency department techs perform EKG's, administer rapid blood sugar and urinalysis tests, and perform multiple indispensable tasks, etc.

## **What do I do on my shift?**

When you first arrive for the day, log in to the attendance database to let us know that you're here. The L drive can be found by opening the My Computer icon on the desktop. If you can't see the L drive you must sign onto the computer as an Academic Associate user. To log onto the computer system as an Academic Associate user click on the start menu and choose to log off and sign on as an Academic Associate.

Username: academic

Password: associate1

***Troubleshooting:** If the computer displays "Continuum Health Partners" and you cannot log in using "academic" (because a pop-up appears saying that there have too many incorrect password attempts), call 3-6486 and put in a work order for that computer under "Dr. Joshua Quaas". For the time being use the computer next door, or the nearest one that will allow a sign in with AA usernames, and keep that as a drop-in computer. In other words grab that computer whenever it's available and do your printouts and database entries quickly, and use the primary computer as the EMSTAT monitor.*

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### **Attendance:**

The Attendance Database can be found in the Attendance Folder of the L drive. The icon is the standard Microsoft Access icon (a purple key in a box). A window will open that will allow you enter your name and password. If you're signing in press "Sign In." If you're signing out press "Sign Out." A message box will appear letting you know that you have been successful. When you press Okay the database will automatically close itself. You will then be prompted to do a short (fun!) quiz.

For the Attendance Database, your login name is your first and last name. Click Sign In and a window will appear to change your password. Once you have changed it make sure to click Sign In again. Remember that you have only successfully signed in if you get a message box telling you so.

If you get a message telling you that you had not signed in you must not have pressed the Sign In button. When you sign in correctly a message box appears letting you know that you have signed in successfully and reminds you to sign out at the end of your shift. If this does happen to you email Lindsey (lrm2143@columbia.edu) immediately letting her know that this has happened. Also press the Sign In button to sign in and the database will close. Then open the database again and sign out. This will leave a record that you were there but only for about a minute.

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### **Emstat:**

Next, begin scanning Emstat to identify patients who are eligible to participate in any of the studies. Bear in mind that patients are frequently eligible for more than one study; enroll them in both. Your goal is to enroll as many patients as possible during your shift.

To open EMSTAT maximize the Novell window and double click on EMSTAT. To login to EMSTAT click anywhere on the screen and a login box will appear. You will be signed off every few minutes for security reasons. Simply sign in again. If you leave the computer ALWAYS sign out of EMSTAT by clicking Exit at the top of the screen. If you forget a nurse may unknowingly place an order for a test through your login, something you want to avoid. You will get a login and password in an email. You must sign a confidentiality form in order to receive a login and password.

Enter the name of any patient whom you consider for enrollment, whether or not you actually do enroll them, on the "patients screened" sheet in Excel. This file is located in the AA Computer Programs and Documents folder (there is a separate sheet for each hospital). Also record what study you screened them for, and whether or not they consented to participate. There is a separate column on the sheet to check off the answer to each of these questions.

## **...What do I do on my shift?**

### **Excel Spreadsheet: "Patients Screened":**

To reduce time and confusion, and to ensure finishing pending studies properly between shift transitions, here are some guidelines for the "patient screened" spreadsheet:

- Putting a "Y" and "N" in the column should be definitive. "Y" is all 100% complete with nothing else to do for now (i.e. Studies requiring follow-ups get a Y). "N" means 100% no and complete with nothing else to do. Y or N means closure.
- Writing "Pending" means there is something else to do. Row should be highlighted in yellow until it becomes a "Y" or "N."
- Notes column for "pending" should have a clear and detailed next step -- *"follow-up with Dr. X on Red Team to get completed \_\_\_\_ form (going off shift at \_\_\_\_\_, coming back from break at \_\_\_\_\_), "awaiting CT results as of 4:30 pm -- check back with file/Dr \_\_\_\_\_ at \_\_\_\_\_"* -- essentially notes column should be a very tangible next step that someone even unfamiliar with the project could just jump in and do -- the more specific the info, the better (Who, What, Where, When). Be as specific as possible so you don't have to keep referring back to Emstat i.e. put doctor's name, color of team and exactly what is pending. Once the step is done, the note can be deleted so as not to make spreadsheet unwieldy.
- write in BOLD CAPS on the last line of the spreadsheet the name of the last patient screened before changing shifts. That way the new team knows exactly where to pick up.
- At the end of your shift, restack the study form piles and remember to log out via the attendance database. "Sign out" to your replacement giving them an update on all unfinished work. You can use the Excel "patients screened" sheet for written sign-out information.

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### **AA Efficiency Tips:**

1. How to deal with loose papers? Sort through at the beginning and the end of your shift: discard all unnecessary papers!
2. Print new forms as you go to prevent them from running out for next team: pay it forward! Also, keep at least one hard copy in the folder of dataforms so that you can nicely ask the business office if you can use their photocopy machine to make a few copies if the printers are broken. Another option is that there are forms in SL by the red team desk so you can copy those.
3. Print out and use "Patient Screening Chart" -- Go through Excel/Emstat at beginning of shift and enter information into the screening chart and excel. Then approach doctors with several patients/questions at the same time instead of pestering the same doctor multiple times.
4. Doctors may bark but they don't bite. You have to approach them. If you feel uncomfortable doing so, do practice run with your partner before approaching them alone.
5. Same goes for patients. Worse thing that happens is they say no. You are not worse off if they say no than if you never approached them at all.
6. Be friendly and courteous with patients – smile, introduce yourself as part of research team at the hospital, ask them how they are doing, ask them if they need anything, etc. (common requests include a glass of water or blanket, which would make them likely to answer the questions).
7. Ask questions of the chiefs, especially if it determines the fate of an enrollment.

8. Avoid constantly having to re-sign into Emstat by opening PhysDoc “MD” simultaneously.
9. If EMSTAT is down, call the chiefs, ask someone else in the ED if their EMSTAT works, restart the computer, etc. Don’t just leave your shift!
10. Always go through the “incompletes” folder at the beginning of your shift!

**To summarize, during your shift you will:**

- Login to the attendance database and complete the quiz
  - Screen patients and attempt to enroll as many as possible in studies
    - enter enrollment data into database; write form numbers on study forms
  - Complete study forms that need follow-ups
  - Record everyone you screened on the “patients screened sheet” (excel)
- Sign out” by describing all unfinished tasks to your replacement
- Log-out of the attendance database

**Sign out:**

At the end of every shift, be sure to update your replacement AA’s on the status of all enrollments on the “patients screened” spreadsheet and if necessary, verbally. You should update them on which patients you have screened, which patients you haven’t screened, what lab results are pending, etc. All of these forms and signatures can get quite confusing. To help you, on all of the study packets, you will find large letters next to the places where either you or someone else needs to sign. Places where you must sign are denoted as “AA”; places for the patient to sign are marked with the letter, “P”; places for a witness to sign are marked with the letter “W”. Finally, locations where it is necessary to use the addressograph are marked with the letters, “STAMP”. Remember also to fill in all necessary contact information.

Completed study forms that do NOT require follow-ups go in the blue box on right side of the white desk behind where you sit (at St. Luke’s) and on the wall near the entrance (at Roosevelt). Completed study forms that DO require follow-ups go into the follow-up folder in the filing cabinet in St. Luke’s, and the file box under the computer at Roosevelt.

## **How do I screen patients to identify potential study candidates?**

To identify patients who are good candidates for study enrollment, first scan their chief complaints using Emstat. Every patient who comes to the ED has a chief complaint, in other words, the reason they're in the ED in the first place. Each study has a characteristic set of chief complaints and this info can be found in the cheat sheets. On pages 12-13 you will find a sample of some of the studies that we are currently running.

Before beginning work in the ED you will be oriented on each of these studies. You will know and understand the inclusion and exclusion criteria (the criteria that determine whether someone is eligible) as well as the details of each of these studies better than anyone. The AAs will have to know and understand all the studies intimately; your knowledge and awareness will be the primary factor in determining whether patients who are candidates for study involvement are identified and enrolled.

Many of the studies our department physicians and staff would like to do have been difficult to execute, primarily because we have not had personnel to fill this role. As a result, we expect the number and variety of studies ongoing in the ED to rise substantially over the coming months. This will mean an increasing responsibility for the AAs and an increasing workload while in the ED.

Assuming that you've identified a promising candidate for a study, your next question is how to enroll a patient in a study.

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## **How do I enroll a patient in a study?**

The exact procedure to enroll a patient in a study varies between studies. For detailed information regarding this, consult the cheat sheets. Chances are your questions will be answered in them. In general, the approach is something like this:

- Obtain the "study form" for whatever study you want to enroll the patient in. These are in the computer folder for the study, and are called the 'form' or the 'packet'. They are the PDF in the folder that is not the cheat sheet.
- Check with the doctor to see if that patient really is a good candidate for the study. Sometimes the doctor doesn't know the inclusion and exclusion criteria for a study as well as you do, so do not be fooled. The patient's eligibility depends entirely on the inclusion and exclusion criteria listed in the cheat sheet.
- Consent the patient; always be courteous and thank them for their participation.

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## **Tips on approaching patients:**

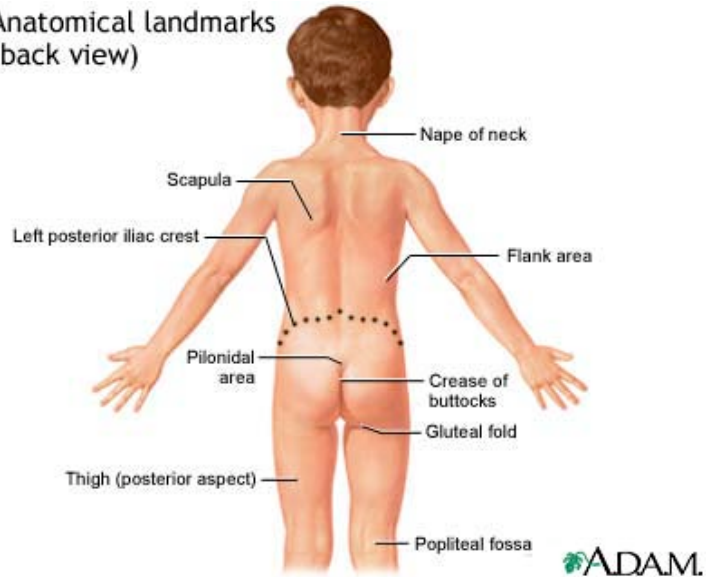
- First check to ensure that the patient is not sleeping or engaged in an important conversation with a loved one, and that they're not right in the middle of talking with their doctor or nurse. If the curtain/door to their room is closed, and even if it's open, it's a good idea to knock or ask first before you enter.
- Introduce yourself as an Academic Associate or research assistant working in the ED, and give your name. Refer to them by their last name; use "sir/ ma'am/ Mr./Ms." Ask them how they're feeling. Try to spend a few minutes getting to know them a bit; people appreciate it.
- If the patient is in any pain, tell their nurse or doctor.
- Broach the subject of the study, saying that we're doing it to improve their care, and it should not adversely effect their treatment, etc. In most cases the study is "observational", meaning that we're just observing and documenting things, and what we're really getting their consent for is not to change or affect their treatment, but to look at their chart and perhaps call them back in a few days to see how they're doing.

## Commonly Seen Terms on EmStat

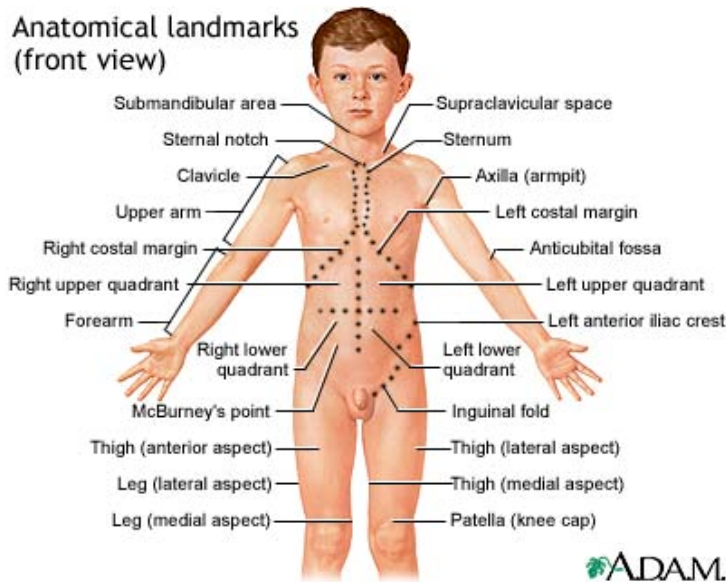
abd	abdomen	LOC	Loss of consciousness
afib, af	atrial fibrillation	mg	milligrams
a/o	Alert and oriented	Mg	magnesium
ama	against medical advice	mi	myocardial infarction
ams	altered mental status (ranges from simply not acting normal all the way up to being unconscious)	mva	motor vehicle accident
aob	alcohol on breath	mvc	motor vehicle crash
ape	acute pulmonary edema	n	nausea
biba	brought in by ambulance	nad	no apparent distress
Bil	bilateral	n/v/d	nausea, vomiting, diarrhea
bp	blood pressure	palp's	palpitation
cad	coronary artery disease	pe	pulmonary embolism
cc	chief complaint	pta	prior to arrival
chf	congestive heart failure	pv	previous visit
chi	closed head injury	r or rt	right
c/o	complaining of	rlq	Right lower quadrant
copd	chronic obstructive pulmonary disease	r/o	rule out (e.g. "r/o cva" means it may be as stroke, but we're trying to rule that out)
cp	chest pain	resp	respiratory or respiration
Crf	Chronic renal or respiratory failure	scc	sickle cell anemia
cva	cerbrovascular accident (means essentially the same thing as "stroke")	sob	shortness of breath
ct	cat scan	s/p	status post ("s/p MVA" may mean immediate or more distant)
d	diarrhea	s/s	signs and symptoms
Dib	Difficulty in breathing	svt	supraventricular tachycardia
dm	diabetes mellitus	sz	seizure
dvt	deep vein thrombosis	tia	transient ischemic attack (sometimes referred to as a "mini stroke" but it is brief, so not a true stroke)
edp	emotionally disturbed person (also ams)	tid	time in department
ent	ear, nose, throat	ue	upper extremity
Epig	epigastric	u/s	ultrasound
esrd	end-stage renal disease	v	vomiting
etoh	alcohol	vb	vaginal bleeding
eval	evaluation	Lmp	Last menstrual period
FA	Femoral artery	Doe	Dyspnea on exertion
fb	foreign body		
fx	fracture		
Ftt	Failure to thrive		
gib	gastrointestinal bleed		
gsw	gunshot wound		
ha	headache		
Hl	Hearing loss		
HL	Hodgkin lymphoma		
hx	history of		
inj	injury		
iv	intravenous line or catheter		
lac	laceration		
lbp	lower back pain		
le	lower extremity		
Llq	Left lower quadrant		

# Commonly Used Anatomical Landmarks:

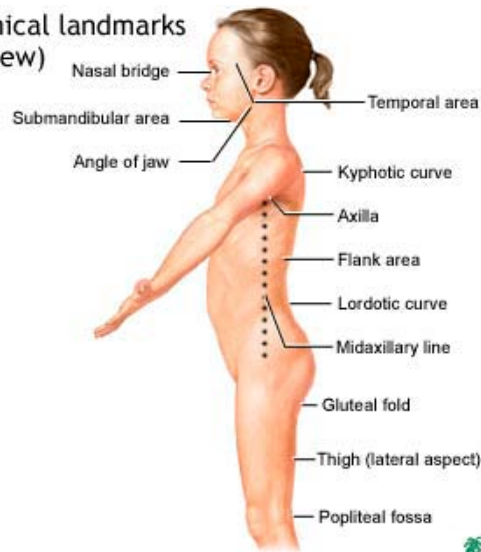
Anatomical landmarks (back view)



Anatomical landmarks (front view)



Anatomical landmarks (side view)



## **The Commitment:**

We ask for 2 shifts per week from each AA, and also request your attendance at a few evening training sessions each semester. **The shifts for Spring 2012 run from Monday, January 30 to Sunday, April 29 (inclusive).**

The training sessions will be an opportunity for us to discuss upcoming studies and to discuss existing ones. Generally these workshops concentrate on anatomy, physiology, and medicine related to the studies we do. At some sessions we'll teach and show you study-related medical procedures such as endotracheal intubation or lumbar punctures. This includes showing you how physicians perform these procedures (usually you will get to try on mannequins) and why they are performed. **You are required to attend 5 out of 6 training sessions- no makeup sessions.**

Missing shifts is bad. Also, you **MUST BE ON TIME**. The regular St. Luke's volunteer program may be a better place for you if you are uncertain of your ability to attend regularly. The prime directive of the program is research enrollments, therefore any absence is detrimental to this goal. Shifts will be "doubled up" usually, meaning 2 AAs will be scheduled to work at the same time and it is your responsibility to assure that your shift is covered by someone on days when you know that you will not be able to be there.

If during a random day or night you find yourself unexpectedly available, we encourage you to check the schedule and/ or empty shifts list and just show up if there's room for you. This is less preferable than pre-arranged shifts, but would love to fill any open shifts.

If you plan to miss a shift you must email your partner(s) from that shift. You must also cc Lindsey Mitrani (lrm2143@columbia.edu) on that email. The subject line must read "Missing shift on \_\_/\_\_/\_\_". It is crucial that you tell your partners that you will not be at your shift because any shift that is not covered will result in a double absence for everyone assigned to that shift.

If you take time off for a holiday, you must inform both your partner and Lindsey in advance. The shifts you miss will count as absences. It is crucial that you tell your partners that you will not be at your shift because any shift that is not covered will result in a double absence for everyone assigned to that shift. Time off for religious holidays or illnesses also count as missed shifts -- any missed shift counts as an absence. Remember that you need to fulfill the attendance requirement (no more than 3 absences per semester) to qualify for a letter of recommendation from Dr. Newman so plan accordingly.

AA's need to make up the shifts that they miss. The policy of import here is that:

- a) We need to know in advance (as soon as possible!)
- b) When you take a shift, you own that shift. That is to say, your shift needs to be covered whether you're covering it or not. If your shift goes uncovered, and particularly if there isn't evidence of substantial efforts made to cover it, we consider this an unexcused absence (UA). UA's are bad. During class the consequences are immediate on one's grade, while during this and other non-class semesters we simply mark it down and it becomes part of one's record. To avoid this AA's should make visible and multiple efforts to get their shifts covered if and when they will miss them.
- c) On a national holiday we can suspend this policy of UA's, but efforts to have shifts covered should still occur.
- d) If you have a training session during your shift, attend your shift until or starting when the training session starts or ends, respectively. For example, if you have a 4 PM – 8PM shift, go to your shift from 4:00-6:00, then the training session from 6:00 to 8:00. You don't have to make up the missed hours.

You can only change your shift (permanently) once during the semester. There are two ways to do so. You can email Lindsey (lrm2143@columbia.edu) to request the current schedule and switch to a shift with an opening. Alternatively, you can find another AA and swap. To make the swap valid you must email Lindsey informing her that you would like to swap.

## **Orientation Sessions:**

ALL NEW VOLUNTEERS must attend an orientation session at the hospital you've been assigned to. If you have one shift at St. Luke's and one shift at Roosevelt Hospital you must attend an orientation session at BOTH SL and RH. The sessions will last approximately 1.5 hours. If you cannot attend the new volunteer orientations you may attend a make-up orientation session by appointment with Simon (call him to schedule). To be eligible you must contact [academic.associate@gmail.com](mailto:academic.associate@gmail.com) in advance. During the fall and spring you must have an official class conflict in order to be eligible to attend the make-up session.

Training session times and dates will be posted on the website and e-mailed to you upon acceptance.

Simon Baarbe will be running the orientation sessions. For ROOSEVELT, please meet Simon in the Roosevelt EMERGENCY waiting area (59th st. and 10th ave) and for ST. LUKES please meet him in the waiting room at the entrance (on 113th st and Amsterdam). Please make sure you arrive on time. If for some reason you get lost or have trouble finding the group you can reach Simon: (917-474-4775).

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## **Evening Training Sessions:**

We will notify you of location by email, but they are usually in Muhlenberg 410. We will have 5 Tuesday evening sessions throughout the semester and you will be required to attend 4 of 5, so please look at the dates now and plan in advance. Dinner will be served. We will always have vegetarian options but let us know if you have any other specific dietary needs.

The evening sessions this semester will be held on:

1. February 7
2. February 21
3. March 6
4. March 20
5. April 3
6. April 17



## **Frequently Asked Questions:**

### **Where are the bathrooms?**

At St. Luke's, there are bathrooms in the locker rooms for staff. To get to these go out the door between rooms 2 and 3 and take a right. Each locker room has a combination lock. Just ask any nurse or physician or tech for the combination (we don't want to write it down here). At Roosevelt, the bathroom is in the back of the ED. From cardiac one, turn left, then make another left when you reach the back wall of the ED. You'll find yourself in an alcove with a bathroom – also combination locked, so ask the staff.

### **What should I wear?**

We expect you to appear well shaven and clean and appropriately dressed, so business casual. Avoid jeans, hats, sandals, skirts, dresses, t-shirts with writing, tight clothes, mid-drifts, and tank tops. Shoes are preferred over sneakers. Khakis and button-down shirts are ideal. Always wear your hospital ID so it is visible and readable.

### **When must a personal representative sign?**

It is only necessary for a personal representative to sign in place of the patient if, for some reason (physical or otherwise), the patient cannot sign him or herself, but comprehends the nature of the study and agrees to be involved.

### **Is it okay to browse or be on the internet while I work?**

This is fine. Getting and sending email, general browsing, and browsing for info on medical things is acceptable within reason. This should obviously be when all of the potential study patients in the ED have been screened, all tasks are completed, and you have no work related activities to perform. When things are slow, remember that we have plenty of follow-ups that need to be done.

### **What if I find a word I don't know?**

Refer to the "medical abbreviations" section of the cheat sheet packets. You can also search for a word on p.14 of this manual. If all else fails, ask a staff member.

### **How do you know I am here, so I can get credit for my hours?**

We track your hours with the attendance database, into which you will sign in at the beginning of shift, and from which you will sign out at the end. This is our main record that you were here. That is why it is imperative that you remember to sign in and out at the beginning and end of each shift. Moreover, we now have an enrollment tracking database set-up (on the L drive as well), which you should use upon completion of any and all tasks.

### **What if I have to leave before a patient is finished with the enrollment process, or if there is a shift swap between doctors in between?**

This is where the process of sign out becomes so vital. You should describe to your replacements exactly what has happened in your shift, and be sure to fill out the excel chart on "patients screened."

### **How do I find a doctor or nurse?**

Consult emstat to find what team he or she is on, go to that team's desk, and ask for them by name.

### **How do I find a witness?**

Either have your partner AA sign as a witness, or ask one of the nurses or physicians to sign. They'll be glad to help.

**What do I do if a patient is non-English speaking?**

Find someone to translate for you and have the translator write their name on the sheet. You can still enroll them in studies, and, provided they are competent, they can sign for themselves; it is not necessary for a personal representative to sign.

**Where do I get additional help?**

For additional help, consult the cheat sheet packet, which provides descriptions of and tips on all of the studies, as well as the computer manual with screenshots, both of which can be found on or in your desks. Alternatively, contact Dr. Quaas or Dr. Bania, or one of the AA staff. And of course, please always refer back to our website at [<http://www.columbia.edu/cu/aap>].

## IMPORTANT DATES: SUMMER 2011

<u>AA Applications Due:</u>	January 20 2012
<u>Orientation Sessions:</u> AA's must attend 1 at <i>each</i> hospital they have shifts	Saturday, January 28 <sup>th</sup> 2011 Sunday January 29 <sup>th</sup> 2011
<u>AA Shifts:</u>	Monday, January 30 to Sunday, April 29 <sup>th</sup> 2012 Inclusive
<u>Holiday/ No Shifts:</u>	Sunday March 11 <sup>th</sup> 2012 – Saturday March 17 <sup>th</sup> 2012
<u>Evening Training Sessions:</u> AA's must attend 5 out of 6 Tuesday nights, 6:10 – 8:00 pm	<ol style="list-style-type: none"> <li>1. February 7</li> <li>2. February 21</li> <li>3. March 6</li> <li>4. March 20</li> <li>5. April 3</li> <li>6. April 17</li> </ol>

## **Contact Information:**

Dr. Joshua Quaas

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Dr. Tod Bania

Email : [tbania@chpnet.org](mailto:tbania@chpnet.org)

Website:

<http://www.columbia.edu/cu/aap/>

AA Staff:

[academic.associate@gmail.com](mailto:academic.associate@gmail.com)

Chiefs:

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