Explanation of the Gold Humanism Honor Society: The Gold Humanism Honor Society (GHHS) is an Arnold P. Gold Foundation Initiative to honor medical students, residents, and physician-teachers recognized by their peers for “demonstrating excellence in clinical care, leadership, compassion, and dedication to service.” In 2006, the UWSMPH initiated a GHHS chapter. Annually, each member of the third year class nominates peers for inclusion in the GHHS. Peer nominations are then forwarded to medical school administration and GHHS members (students, faculty and staff) for review. Similar to AOA, no more than 10% of the student body will be invited to join the GHHS annually. Those who accept this invitation will plan and perform a service project during their fourth year of medical school. Past UWSMPH GHHS classes collected essays for a “Chicken Soup for the UW Medical Student Soul” publication, held monthly “Humanism Rounds”, and hosted a conference on “Empathy in Medicine.” The GHHS Class of 2011 created the ambassador program for the UWHC-ED, wherein medical students serve as liaisons for patients and their families in the ED.

Objective: The ED is a busy place. Diagnoses, treatment plans, and test results are often relayed to patients and families briefly and quickly, which may generate stress, anxiety, uncertainty, and questions after the provider has left the room. In some cases, patients and families may wait a significant period of time before receiving updates, which can result in frustration and fear. The goal of the ED Ambassador program is to provide patients and families with an additional resource person (a medical student) who will have the time to convey and repeat information from the medical care team, due to the fact that the medical student will not have any clinical responsibilities in the ED. The medical student will also serve as a conduit for any newly developed questions or concerns patients or families may have, and the student will then convey these issues to the medical care team in order to expedite appropriate action. The medical student will be able to provide a familiar face to soothe anxiety and frustration, and will facilitate a connection between the patient/family and the health care team.

Role and Logistics: The ED Ambassador will often confer with each ED attending physician for a few minutes every 1 to 2 hours, although this may vary depending on how many physicians have you round on their patients. The rounding and conferring routine will be decided based on the particular ED events and patients present. Most likely you will be paired with 1 or 2 attending physician and you will work that MD and his/her patients. During this time they will
discuss the patients on that physician’s census sheet. The Ambassador will relay patient questions and concerns, and the physician will provide the Ambassador with information to convey to patients. During the subsequent 1-2 hours, the Ambassador will round on those patients in order to convey an updated ED plan and course, relay appropriate test/procedure information, relay updates regarding admission status, inquire about comfort/pain, answer questions regarding ED logistics, record and relay to the physician any new questions, and provide patient education if the physician feels this is appropriate. The Ambassador can also provide basic information regarding the patient’s ED course to the patient’s family in a private setting, if requested by the patient. The GHHS hopes that the Ambassador will be a friendly, comforting face for patients and their families during this stressful time.

You will also be working with an M2, and we hope you’ll take this opportunity to provide teaching and mentoring to your M2 colleague. If there is substantial down time in the ED, please feel free to ask attending physicians if it would be appropriate to shadow them.

All medical students serving as ED Ambassadors must have completed HIPAA training and must abide by HIPAA regulations. When relaying patient information to family members, the Ambassador will need be respectful of his or her surroundings and convey information only in private. It is crucial NOT to overstep the boundaries of the ED while acting as a GHHS ED Ambassador. The role of the GHHS Ambassador is not clinical in nature. Volunteers will not obtain histories, perform physical examinations or perform procedures. While the Ambassador can relay the interpretation of tests and imaging studies to the patient directly from the attending, the Ambassador will not personally interpret test results or imaging studies. The Ambassador should only relay information provided by the ED attending to the patient, he or she will not look up test result information or imaging studies on the computers in the ED. These computers are reserved for those performing clinical duties in the Emergency Department. The ED Ambassador will be a friendly face and should be a comfort to the patient. As such, the patient may ask the Ambassador’s opinion. It is important that volunteers do not offer prognosis or treatment recommendations to the patient. It is also not the role of the Ambassador to order any tests, or perform estimates regarding a timeline of when a patient can expect a result or treatment, unless the volunteer is specifically instructed to do so by the attending.

Emergency Department Ambassador Responsibilities

1. Prior To Start of Shift:

A. Pick up uniform and clipboard with pre-printed blank rounding forms and patient feedback forms.

The University of Wisconsin Emergency Department is located on the west side of the UW Hospital and Clinics, next to the American Family Children’s Hospital. Please see the map in appendix A. Shifts for the GHHS ED Ambassador Program are from 6:30 PM until 10:30 PM. Your uniform and the clipboard can be found in locker 18. When you check in to the front desk, please tell them at you will need access to the locker room. To arrive in the locker room, one must walk through the ED and then down the left hallway. Locker 18 is in the first row of lockers, on the bottom. Please dress professionally and either the GHHS scrub top or jacket can be worn.
B. Prepare For Your Shift
Using EPIC either in the ED resident lounge or in ED quickly review the ED census in order to transcribe basic information to the blank rounding forms, a sample of which can be found in appendix B. Having a basic idea of who is in the ED prior to the start of your shift will make the initial sit down rounds with your attending physicians much more efficient.

2. Start of Shift
The faculty and staff of the University of Wisconsin Hospital and Clinics are friendly, but very busy. Be respectful of their time. When you arrive, check in with the greeter at the front desk to explain who you are. Please arrive early so that you may introduce yourself to the ED attending physicians. Make your introduction at the beginning of the evening brief, as well as rounds throughout the evening.

3. Serve as an Ambassador
Remember your role and the goals of the program. Students report deep satisfaction for this unique opportunity to have time to talk with patients and families, and provide emotional support at a difficult and stressful time.

4. Wrapping up
If there are patients you’ve been helping who are still in the ED when you’re leaving, let them know that you will be leaving for the night.

5. End of Shift
Thank the ED attending physicians you have been working with.

6. Summary Email
The GHHS hopes to continually improve the ED Ambassador program and orientation. We ask that each volunteer send a summary e-mail to Madeline Duffy at maduffy3@wisc.edu, including:
- Date/Time of shift
- Attending physicians worked with
- Number of patients
- What type of information did you provide or receive from patients (results, pain/comfort level, diagnosis information)?
- How did your role as ambassador contribute to patient care?
- Any suggestions to improve the process (orientation, logistics)?
- Did you receive any feedback from ED physicians, staff or patients that would be helpful for others?
- Did you notice any social determinants of health that may have affected your patients? If so, please list: (poverty, literacy, access to health care, etc.)
- How did this experience contribute to your medical education?

What if I have more questions?
Emergency Department contact: Dr. Mary Westergaard, mcwester@medicine.wisc.edu
Medical School contact: Madeline Duffy, MPH, maduffy3@wisc.edu
Appendix A: ED Location Map
## Appendix B:

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<th>Patient/Room Number:</th>
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<tbody>
<tr>
<td>CC/Brief Summary of HPI:</td>
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### Patient Rounds:
- Any family or friends in waiting room to update?
- Comfort/Pain Level:
- Patient questions:

### Attending Rounds (What would the ED physician like you to address with the patient?):
- Results:
- Studies to be completed:
- Education:
- Other:

<table>
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### Patient Rounds:
- Any family or friends in waiting room to update?
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### Attending Rounds (What would the ED physician like you to address with the patient?):
- Results:
- Studies to be completed:
- Education:
- Other: