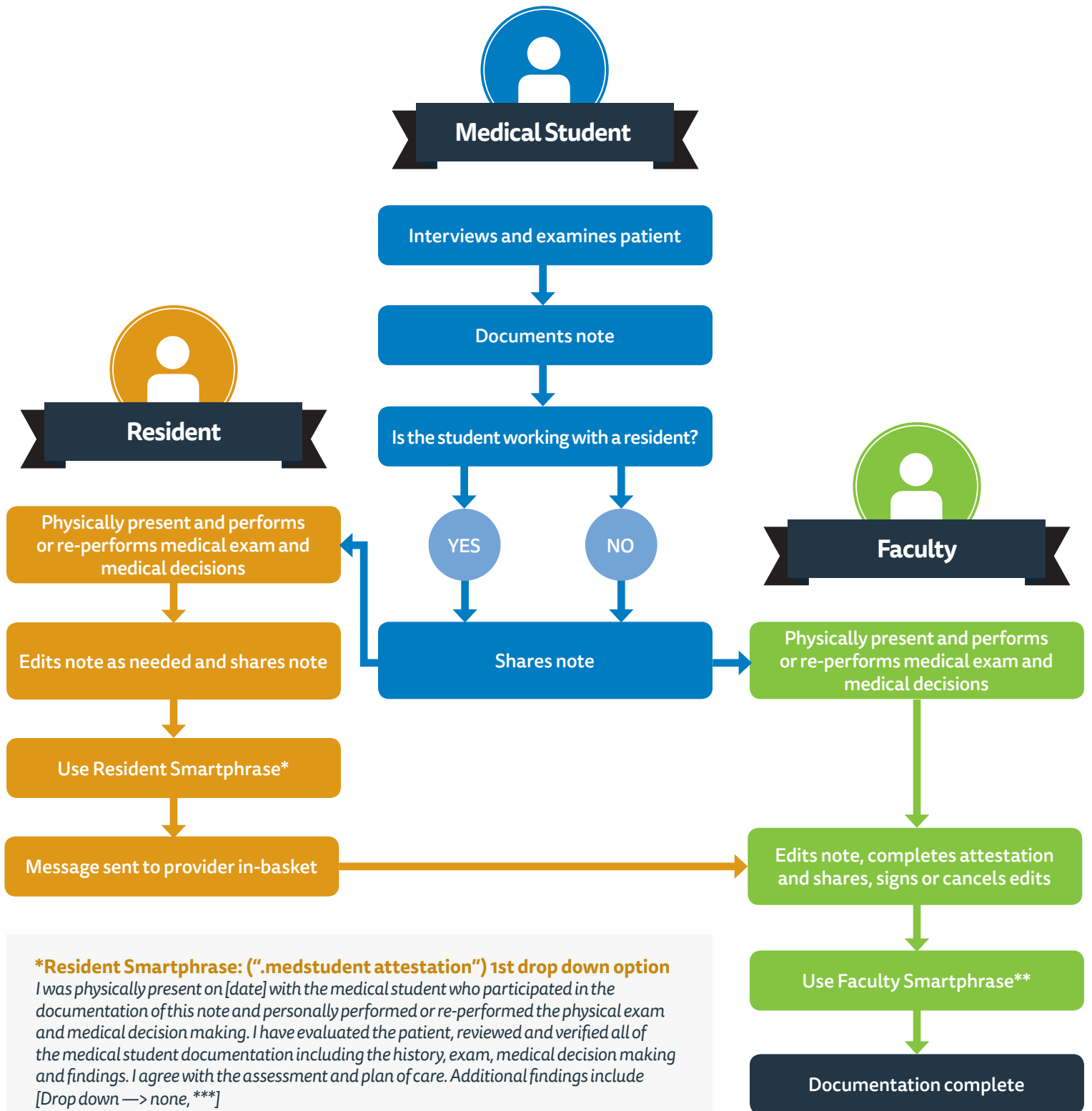


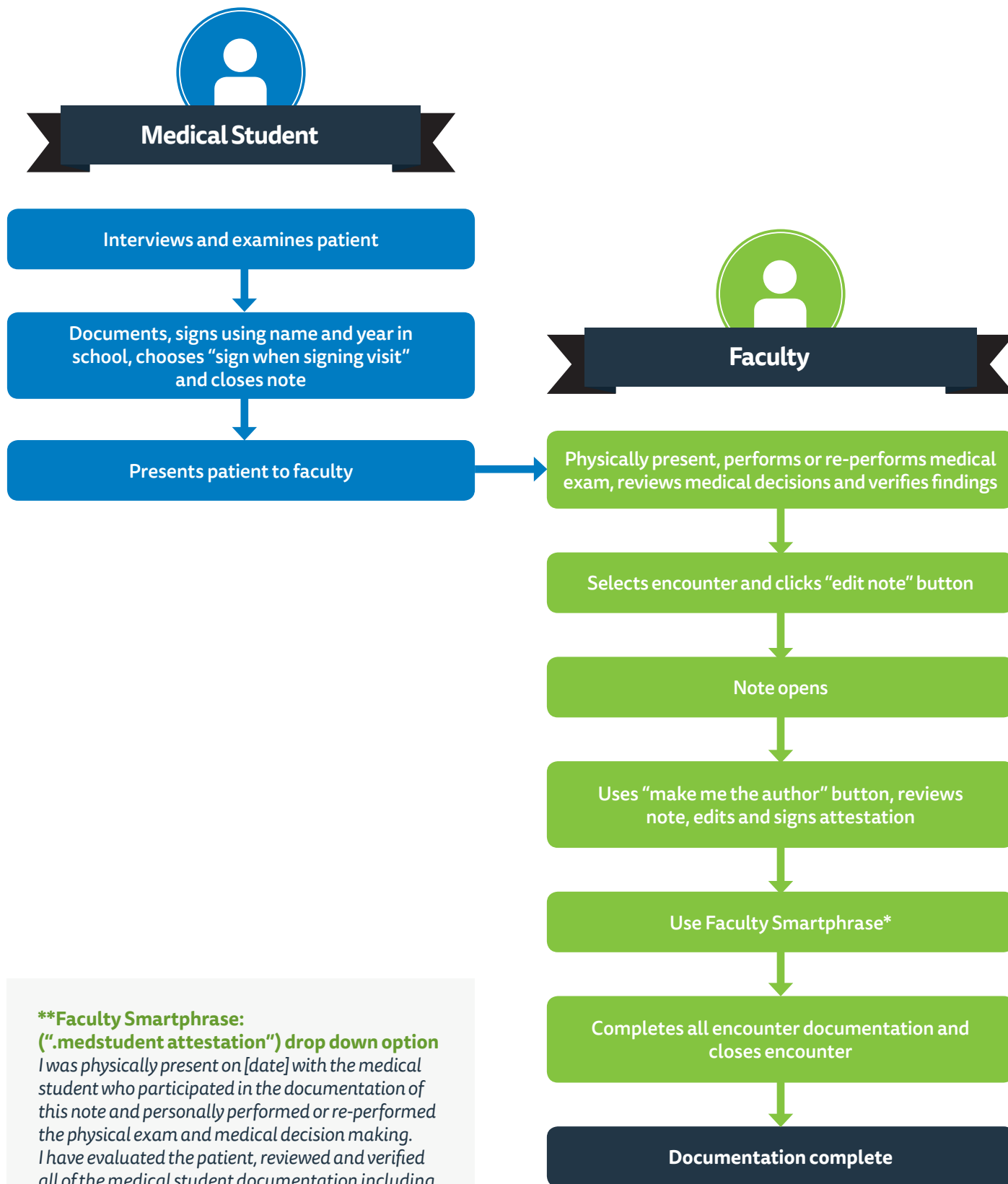
ED Workflow for Medical Student Documentation



***Resident Smartphrase: (".medstudent attestation") 1st drop down option**
 I was physically present on [date] with the medical student who participated in the documentation of this note and personally performed or re-performed the physical exam and medical decision making. I have evaluated the patient, reviewed and verified all of the medical student documentation including the history, exam, medical decision making and findings. I agree with the assessment and plan of care. Additional findings include [Drop down → none, ***]

****Faculty Smartphrase: (".medstudent attestation") 2nd drop down option**
 I and/or the resident/fellow were present on [date] with the medical student who participated in the documentation of this note. I or the resident/fellow personally performed or re-performed the physical exam and medical decision-making. I have evaluated the patient, reviewed and verified all of the medical student and resident/fellow documentation including the history, exam, medical decision-making and findings. I agree with the assessment and plan of care. Additional findings include [Drop down → none, ***]

Outpatient Workflow for Medical Student Documentation with Faculty

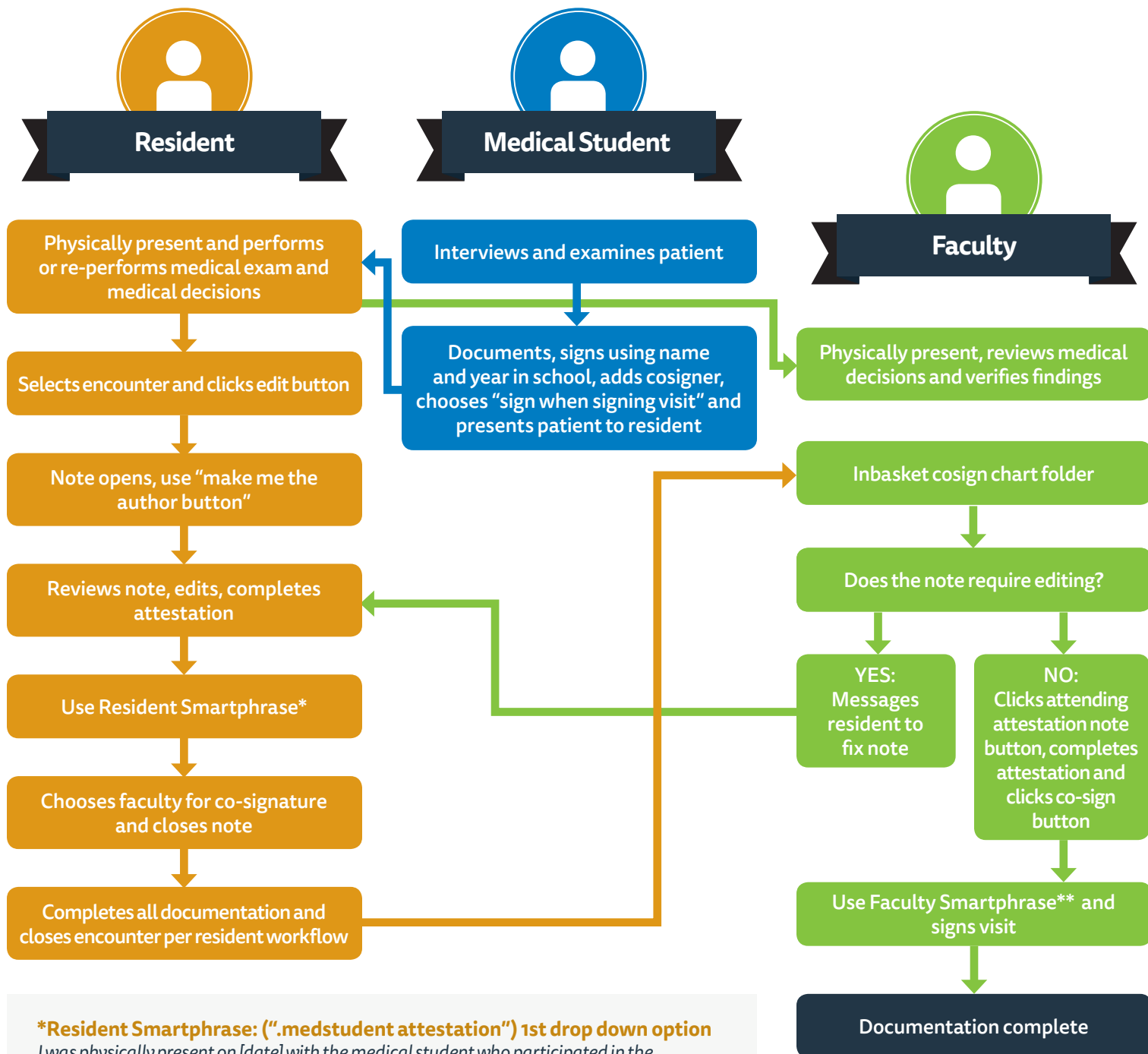


****Faculty Smartphrase:**
(**".medstudent attestation"**) drop down option

*I was physically present on [date] with the medical student who participated in the documentation of this note and personally performed or re-performed the physical exam and medical decision making. I have evaluated the patient, reviewed and verified all of the medical student documentation including the history, exam, medical decision-making and findings. I agree with the assessment and plan of care. Additional findings include *** [Drop down → none ***]*



Outpatient Workflow for Medical Student Documentation with Resident



*Resident Smartphrase: (".medstudent attestation") 1st drop down option

I was physically present on [date] with the medical student who participated in the documentation of this note and personally performed or re-performed the physical exam and medical decision making. I have evaluated the patient, reviewed and verified all of the medical student documentation including the history, exam, medical decision making and findings. I agree with the assessment and plan of care. Additional findings include [Drop down → none, ***]

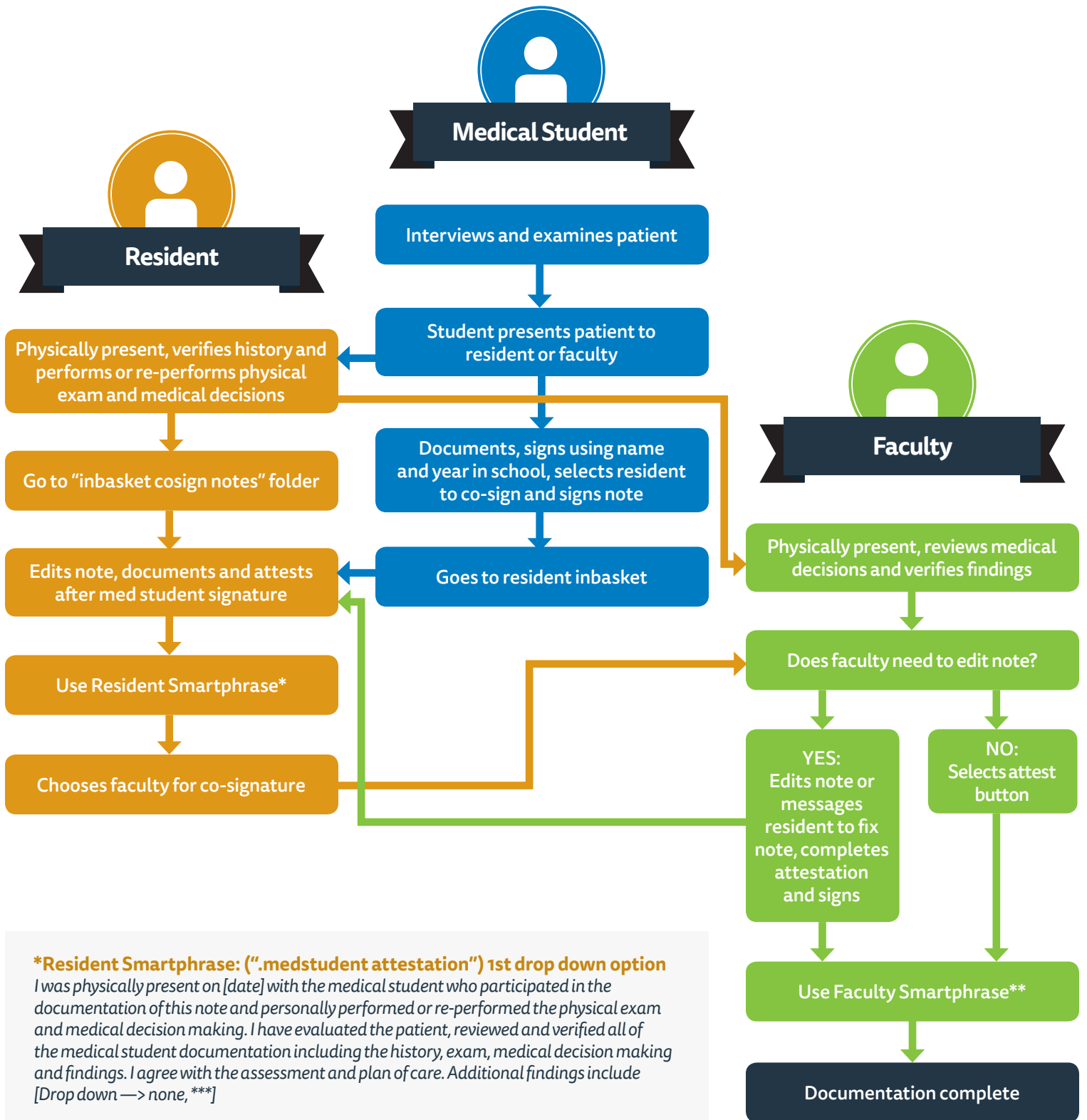
**Faculty Smartphrase: (".medstudent attestation") 2nd drop down option

I and/or the resident/fellow were present on [date] with the medical student who participated in the documentation of this note. I or the resident/fellow personally performed or re-performed the physical exam and medical decision-making. I have evaluated the patient, reviewed and verified all of the medical student and resident/fellow documentation including the history, exam, medical decision-making and findings. I agree with the assessment and plan of care. Additional findings include [Drop down → none, ***]



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Inpatient Workflow for Medical Student Documentation



***Resident Smartphrase: ("medstudent attestation") 1st drop down option**
 I was physically present on [date] with the medical student who participated in the documentation of this note and personally performed or re-performed the physical exam and medical decision making. I have evaluated the patient, reviewed and verified all of the medical student documentation including the history, exam, medical decision making and findings. I agree with the assessment and plan of care. Additional findings include [Drop down → none, ***]

****Faculty Smartphrase: ("medstudent attestation") 2nd drop down option**
 I and/or the resident/fellow were present on [date] with the medical student who participated in the documentation of this note. I or the resident/fellow personally performed or re-performed the physical exam and medical decision-making. I have evaluated the patient, reviewed and verified all of the medical student and resident/fellow documentation including the history, exam, medical decision-making and findings. I agree with the assessment and plan of care. Additional findings include [Drop down → none, ***]