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The course, Emergency Medicine (EM401), is for Interns or the fourth year medical students at the Emergency Medicine Department, the University of North Carolina at Chapel Hill. The requirements of the course include Emergency Department shifts, workshops, attendance in Emergency Medicine conferences and all resident conferences, and a case paper and presentation of the paper. The current evaluation procedure is time-consuming and awkward. This paper describes the design and development of a new, database-driven, web-based evaluation and tracking system that allows Emergency Department attendings (physicians) to submit evaluations on-line and allows administrative users to manage and keep track of student information and evaluations.

Headings:

Database--Management--Systems Information System--Design Interface Design Web databases

DESIGN AND IMPLEMENTATION OF A DATABASE-DRIVEN WEB-BASED STUDENT EVALUATION AND TRACKING SYSTEM FOR THE EMEGENCY MEDICINE DEPARTMENT OF UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

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I. Introduction

The Emergency Medicine Department, the University of North Carolina at Chapel Hill (UNC-Chapel Hill) provides a course, EM401, for Interns and fourth year medical students. The requirements of the course include Emergency Department (ED) shifts, workshops, attendance in Emergency Medicine conferences and all resident conferences, and a case paper and presentation of the paper. The current process of clinical evaluations on ED shifts, which is an HTML-form-based process, is time-consuming and effort-consuming. Also, there are no mechanisms to ensure the accuracy of the evaluations and to keep track of the evaluations.

In this project, a database-driven web-based evaluation and tracking system is designed and implemented to make the evaluation process more effective, efficient and accurate. A back-end Access database is used to store student information and evaluations. Web interfaces are implemented to allow Emergency Department attendings (physicians) to submit evaluations online, and to allow the Emergency Medicine Department Student Coordinator or other administrative users to keep track of student information and evaluations. This paper describes the design and development of this database-driven web-based evaluation and tracking system.

II. Statement of Problem

Interns and fourth-year medical students (Both are named as students in this paper) are required to take a course, Emergency Medicine (EM401), in the Emergency Medicine Department, UNC-Chapel Hill. One requirement of this course is participating in Emergency Department (ED) shifts. Students are scheduled at the ED with 8 to 15 shifts for approximately 4-week blocks. Each shift lasts 8 hours starting at 7 a.m., 10 a.m., 3 p.m., or 11 p.m. Usually there is an attending and a student assigned to a shift. Students are evaluated by ED attendings after their shifts. The evaluations include twenty-two skills assessed using a 5-point scale: 1-Failure, 2-Unsatisfactory, 3-Average, 4-Excellent, or 5-Outstanding, as well as comments about the students' performance. Students are also required to attend workshops if their shifts start at 7 a.m., 10 a.m., or 3 p.m. During the workshops, students have direct interactions with residents and patients. Attendings observe students' performance and make evaluations during the workshop. In addition to clinical requirements, students are required to attend Emergency Medicine conferences and all resident conferences held on every Wednesday. Other requirements include a case paper and presentation of the paper. The final grade of the course is based on clinical evaluations (40%), workshop (20%), student attendance/participation at conferences (10%), and case paper and presentation (30%).

The current evaluation procedures for workshop, student attendance/participation at conferences, and case paper and presentation work smoothly. But there are many problems with the clinical evaluations.

The original clinical evaluations were processed via a paper-based form (Appendix 1). Attendings filled out the evaluation form after a student's shift and submitted it to the Student Coordinator of the Emergency Medicine Department. One problem with this process is that attendings often failed to fill out the form immediately after the shift, and after some time, they might not clearly remember the student's information and his/her performance. The other problem is that attendings often forgot to submit the evaluation form to the Student Coordinator after they filled it out. Since it is very time-consuming to check if all the shifts of a student had been evaluated, the Student Coordinator tended to use whatever evaluations were in hand to calculate the student's grade at the end of the course. In other words, the grading cannot be accurate if some evaluations are missing.

Currently, the clinical evaluations are processed via a HTML form. The HTML form is created before each course period. The HTML form shows a list of students with their pictures, which help attendings to recognize the students. The Student Coordinator sends email to the attendings to remind them to do the evaluation, with the HTML form as an attachment. Attendings download the HTML form, fill it out and click the submit button to submit the evaluation. The HTML form's action is "mail to". When the submit button is clicked, the form's variables and values are emailed to the Student Coordinator. The purpose of using the HTML form is to remind attendings to submit evaluations on time. But there are several problems with this process, too. First, it is hard for some attendings to configure SMTP setting to make the HTML form work. Second, sometimes the browser makes the process complicated. The HTML form works well in Internet

Explorer, but a lot of attendings are using the AOL browser or different versions of Netscape which don't support the HTML tag "mail to". Third, the HTML form doesn't have data validation functions to prevent errors such as missing skill evaluations. Finally, there is no mechanism to check if all shifts have been evaluated by only using the HTML form.

There is a common problem with the clinical evaluation process using either paper-based form or HTML form—the inefficiency in creating course reports for the students. Two reports are necessary for each student. One is the clinical evaluation report for the Emergency Medicine Department, which is the evaluation summary of all ED shifts of a student. The other is the final report for the School of Medicine (Appendix 2), which is based on the student clinical evaluations, workshop, attendance/participation at conferences, and case paper and presentation. The final report also requires the evaluations of skills but in different categories from those in the clinical evaluation report. There are 12 skills in the final report instead of 22 skills in the clinical evaluation report (Table 7). Currently, these two reports are created manually. At the end of a course period, the Student Coordinator manually calculates the average scale of each skill in all shifts of a student and creates the clinical evaluation report. Then he manually converts the skill scales in the clinical evaluation report to skill scales in the final report. Then spore the student consuming and effort-consuming.

To meet these challenges it would be helpful for the Emergency Medicine Department to develop an efficient evaluation system to save time for the attendings and the Student Coordinator, improve the quality of the evaluation process, and keep track of student information and evaluations.

III. Project Scope

The goal of this project is to design and develop a student evaluation and tracking system to improve the student evaluation process, keep track of student information and evaluations, as well automate of the creation of reports. The components of the project include:

- 1. To develop a database that collects and stores student information and the evaluations.
- 2. To develop a set of database-driven web interfaces for ED attendings to submit student clinical evaluations.
- 3. To develop a set of database-driven web interfaces as the administrative module for the Student Coordinator and other administrative users to manage student information, keep track of evaluations, get clinical evaluation reports, and prepare the final reports for the School of Medicine.

During the development of the system, the author frequently met with the target users, got feedback from users, and changed the system according to users' feedbacks.

VI. System Analysis

4.1 User description

The target user group includes attendings in ED and administrative users in the Emergency Medicine Department. Currently only the Student Coordinator, Gail Holzmacher, is in the administrative user group.

Attendings

• Attitude

Attendings have had unpleasant experience with the HTML form, so they expect and welcome a new system that is easy to use.

• Computer literacy

Attendings have basic knowledge about computers and the Internet.

• Physical Environment

Attendings may use the system in the ED or at home.

• Browsers

Attendings may use a variety of browsers, including different versions of Internet Explorer, Netscape, and AOL browser.

Administrative users

• Attitude

The old evaluation procedures are heavy burdens for the administrator, and she welcomes a new system that can save her time and energy.

• Computer literacy

She is familiar with the windows operating system, the Internet, and MS office software.

• Physical Environment

She only uses the system in her office in the Emergency Medicine Department.

• Browsers

She uses the newest version of Internet Explore only.

4.2 User task analysis

The followings are user tasks. These user tasks will serve as guidelines in the design of system features and functionalities.

Attendings' task

Attendings have only one task. They use the system to make clinical evaluations for students.

Administrative users' tasks

1. Add student information:

Add students' data such as name, email address, class code to the database.

2. Delete student information:

Delete students' data from the database as needed.

3. Update student information:

Update students' data in the database if there are any changes or errors.

4. Assign shifts to students:

Shift information includes date, time, attending, and whether the student in this shift should attend a workshop. Before the course period, the Student Coordinator assigns all shifts to a student at once. Sometimes, more shifts might be assigned to the students during the course period.

5. Send shift schedule to students:

Send email to students to inform them their shift schedules.

6. Change shifts:

Students might have time conflicts with the shifts scheduled for them, then the Student Coordinator needs to change some shifts for them.

7. Delete shifts:

Remove shifts for students if needed.

8. View evaluations:

View clinical evaluations made by the attendings. Each evaluation includes evaluations of 22 skills and comments on the student's performance during a shift.

 Create clinical evaluation reports of the students for Emergency Medicine Department:

A clinical evaluation report of a student is required by the Emergency Medicine Department. The report includes evaluations of 22 skills, final grade, and comments. Skill scales in this report are the average of skill scales in all shift evaluations of a student. The final grade is the average of skill scales in the report. This final grade counts 40% in the final course grade. Comments are the summary of all comments made by attendings in all clinical evaluations for a student. No repeated comments appear in the report.

10. Create final course report for the School of Medicine

A final course report for a student must be submitted to the School of Medicine. The final report includes scores on 12 skills scales, final grades (clinical evaluations (40%), workshop (20%), student attendance/participation at conferences (10%), case paper and presentation (30%)), and comments which are the summary of comments from clinic reports, workshop evaluation, case paper and presentation evaluation.

11. Create student lists in workshop

There is a workshop every afternoon. Students in the shifts starting at some time (currently 7:00am, 10:00am and 3:00pm) are required to attend the workshop. The Student Coordinator creates a list of students who should attend the workshops and gives the list to attendings. The attendings will use this list to check the students' participation.

4.3 Risk Assessments and Management

The followings are the possible risks and the corresponding actions to prevent them from happening:

1. Files might be corrupted, accidentally deleted, or overwritten by old files and thus result in the loss of data. So all the files should be backed up regularly.

- Server might be down, or there might be too much traffic. Both cases will make the system inaccessible. So the system administrator in the Emergency Medicine Department should maintain the server to keep it stable.
- 3. There might be unauthorized access to the system. So files and data should be stored in a secure place, and a login mechanism should be used to prevent unauthorized web access to the data.
- 4. Incorrect data might be entered by users. So data validation functions should be provided in the web interface.

4.4 Requirements and Rules

The requirements for the new evaluation and tracking system are described as follows:

- 1. The system must store students' information and the evaluations for them.
- 2. Access security must be implemented. Users must have correct username and password to access the web interface.
- 3. Users must be able to complete their tasks listed in the "User Task Analysis".
- Rather than being calculated by the users manually, the skill scales in reports must be calculated on the fly using Active Server Pages (ASP) and must be stored in the database.
- 5. The interface must employ data validation to prevent error.

4.5 Technology Decision / Justifications

4.5.1 Microsoft Access Database

The Access Database is used as the database system in this project for the reasons as below:

1. MS Access fits the scope of the project.

There are 12 course periods each year. Usually, each course period has 10 students. In the summer course period, there are more students, but no more than 40 students.

2. MS Access is portable.

The author does not have the privilege to access the server of the Emergency Medicine Department. So the system will first be implemented using the server of the School of Information and Library Science, then will be migrated to the server of the Emergency Medicine Department. The portability of Access databases makes the migration easier.

3. MS Access is easy to use.

This project is the pilot phase of the system. By using Access, the system can be implemented quickly and it can be tested quickly to see whether the new evaluation process is as effective as expected.

4. MS Access is easily converted to MS SQL server.

When the scope of the project becomes larger, the Access database has to be upgraded to a more powerful database management system. The Emergency Medicine Department already has MS SQL server databases for other projects. It is very possible that this database will be migrated to SQL server. Since both Access and SQL server are Microsoft products, the migration should not be problematic.

4.5.2 Active Server Pages (ASP)

The web interfaces of the system are database-driven, dynamic, and interactive web pages. Currently, there are several technologies that can be used to create dynamic and interactive web pages. These technologies include Java Server Page (JSP), Personal Home Pages (PHP), and ColdFusion. ASP is used in this project for several reasons:

- 1. ASP is a powerful technology and easy to use.
- 2. The database is designed in MS Access or might be changed to MS SQL Server in the long run. Both Access and SQL Server are products of Microsoft. ASP is the product developed and promoted by Microsoft and works seamlessly with Access and SQL Server databases.
- 3. The Emergency Medicine Department already has the web server—Internet Information Server (IIS) that supports ASP. The web server will be used by this project so that the department doesn't have to buy new web servers.

4.5.3 JavaScript

JavaScript is a powerful client side scripting language. It shortens the response time and alleviates the load on the server. But JavaScript is browser-specific. Some browsers don't support some functions of JavaScript or even don't support JavaScript at all. For the ASP pages of web interfaces for attendings, JavaScript won't be used since attendings use diversified browsers. It will be used in the ASP Pages of the web interfaces for administrative users, since IE will be the only browser used by the administrative users.

V. System Design Decision and Implementation

5.1 Architecture Design

The architecture (Fig.1.) is a three-tier architecture which includes the client layer, server layer, and database layer. The database layer stores the student information and evaluation data. The client layer sends requests to the server layer. The server layer processes client requests, executes ASP pages, builds ODBC connection with the Access Database, gets contents from the database, creates HTML pages, and gives responses to the client.





5.2 Database Design and Implementation

Database schemas should be normalized. Based on this rule, seven tables are designed to store information. The database schema diagram is shown in Fig.2.



report_medschool table

The table "user" stores users' account information such as user name, password, name, email, and role (attending/administrator). Each attending or administrative user has his/her own user name and password. The use of user name/password can prevent unauthorized access to the web interface.

The table "student" stores students' information. The students' information includes name, email, and class code. Student pictures are helpful for attendings to recognize the students. So the field 'Picture" is created to store students' image information. The Access Database can store image files, but storing images will make the database size too big. So the pictures will not be stored in the database, but in separate space on the server instead. The "student" table only stores the picture name.

The table "shift" stores shift information such as date, time, attending, and student. There is a workshop every afternoon. Students in shifts starting at some time (currently 7:00am, 10:00am and 3:00pm) are required to attend the workshop. So the field "workshop?" is created. With this field, it is easy to query for the students that need to attend a workshop. This helps to check the students' participation in the workshop. The attending in the shift is also the evaluator of this shift. The field StudentID is created as the foreign key that references the student information stored in the "student" table. Each shift has a corresponding evaluation. The attending in the shift is the evaluator. The field EvaluatorID is created as the foreign key that references the attending information stored in the "user" table. Since an evaluation includes the evaluations of 22 skills in scales, a suggested final grade, and two comments, the evaluation will be stored in a separate

table—"evaluation". Considering there are only four shift times starting at 7:00am, 10:00am, 3:00pm, and 11:00pm, a separate table—"shift_time" is created to store the shift time and make the shift time reusable.

There are two reports for each student. One is the clinical evaluation report for the Emergency Medicine Department and the other is the final report for the School of Medicine. The table "report_EM" stores the clinical evaluation report information including the evaluations of 22 skills in scales, final grade, and two comments. The table "report_medschool" stores the final report information including the evaluations of 12 skills in scales, final grade, reporter, and report date, etc.

This database schema is implemented in MS Access. Referential integrity is enforced by obeying restricted deletion. For example, if a student has corresponding reports, the student can't be deleted until all the related reports have been deleted. For another example, if a shift has a corresponding evaluation, it can't be deleted until the evaluation has been deleted.

The data dictionary of the database schema is shown Table1 to Table 7.

Field Name	Description	Туре	Required?
User ID	The user identifier number	Auto	Yes
	Primary key	Number	
UserName	The user's account name	Text (50)	Yes
Password	The user's account password	Text (10)	Yes

Table 1Description of Table—User

Field Name	Description	Туре	Required?
LastName	The user's last name	Text (50)	Yes
MidName	The user's middle name	Text (50)	No
FirstName	The user's first name	Text (50)	Yes
Email	The user's email address	Text (50)	No
Role	The user's role (attending or admin)	Text (10)	Yes

Table 2Description of Table—Student

Field Name	Description	Туре	Required?
Student ID	The student identifier number	Auto	Yes
	Primary key	Number	
LastName	The student's last name	Text (50)	Yes
MidName	The student's middle name	Text (50)	No
FirstName	The student's first name	Text (50)	Yes
Email	The student 's email address	Text (50)	No
ClassCode	The student's class code	Text (7)	Yes
Picture	The name of the student's picture	Text (50)	No

Table 3Description of Table—Shift

Field Name	Description	Туре	Required?
ShiftID	The shift identifier number	Auto	Yes
	Primary key	Number	
ShiftDate	The shift date such as 02/01/2003	Date/time	Yes
TimeID	Foreign key references the table	Number	Yes
	shift_time		
StudentID	Foreign key references table student	Number	Yes
EvaluatorID	Foreign key references table user	Number	Yes
Workshop	Whether the student in this shift should	Yes/No	Yes
	attend a workshop		

 Table 4

 Description of Table—Shift_time

Field Name	Description	Туре	Required?
TimeID	The shift time identifier number	Auto	Yes
	Primary key	Number	
ShiftTime	The shift time, such as 7:00am-3:00pm	Text (15)	Yes

Table 5Description of Table— Evaluation

Field Name	Description	Туре	Required?
ShiftID	Primary key	Number	Yes
	Foreign key references the table shift		
Evaluation	The shift's evaluation date	Date/Time	Yes
Date			
Scale1	Scale of skill: Communication with	Number	Yes
	Patients & Colleagues		
Scale2	Scale of skill: Documentation Skills	Number	Yes
Scale3	Scale of skill: Case Presentation	Number	Yes
Scale4	Scale of skill: Collaboration with Faculty,	Number	Yes
	Nursing, & Staff		
Scale5	Scale of skill: Patient HX & PE	Number	Yes
	Assessment		
Scale6	Scale of skill: Differential Diagnosis	Number	Yes
	Development		
Scale7	Scale of skill: Diagnostic & Therapeutic	Number	Yes
	Skills		
Scale8	Scale of skill: Procedural Skills	Number	Yes
Scale9	Scale of skill: Appropriate Treatment	Number	Yes
	Selection		
Scale10	Scale of skill: ECG Analysis	Number	Yes
Scale11	Scale of skill: ECG Ancillary Test	Number	Yes
	Interpretation		
Scale12	Scale of skill: Clinical Judgment	Number	Yes
Scale13	Scale of skill: Independent Learning	Number	Yes
Scale14	Scale of skill: Ability to Adapt	Number	Yes
Scale15	Scale of skill: Use of Evidence Based	Number	Yes
	Principles & Practices		
Scale16	Scale of skill: Follows Attendings'	Number	Yes
<u> </u>	Directions		
Scale17	Scale of skill: Arranges Appropriate	Number	Yes
G 1 10	Disposition		**
Scale 18	Scale of skill: Appropriate Use of	Number	Yes
0 1 10	Consultations		X 7
Scale19	Scale of skill: Promptness	Number	Yes
Scale20	Scale of skill: Relationship with	Number	Yes
G 1 01	Colleagues		X 7
Scale21	Scale of skill: Academic Preparation	Number	Yes
Scale22	Scale of skill: Motivation & Effort	Number	Yes
Suggested	Suggested overall grade of the shift	Number	Yes
OverallGrade			

Field Name	Description	Туре	Required?
Comment1	Comments to be used in Student's Summary Evaluation	Text (255)	No
Comment2	Comments not for inclusion in Student's Summary Evaluation	Text (255)	No

 Table 6

 Description of Table—Report_EM

Field Name	Description	Туре	Required?
StudentID	Primary key Foreign key references the table student	Number	Yes
Scale1	Average scale of skill: Communication with Patients & Colleagues	Number	Yes
Scale2	Average scale of skill: Documentation Skills	Number	Yes
Scale3	Average scale of skill: Case Presentation	Number	Yes
Scale4	Average scale of skill: Collaboration with Faculty, Nursing, & Staff	Number	Yes
Scale5	Average scale of skill: Patient HX & PE Assessment	Number	Yes
Scale6	Scale of skill: Differential Diagnosis Development	Number	Yes
Scale7	Average scale of skill: Diagnostic & Therapeutic Skills	Number	Yes
Scale8	Average scale of skill: Procedural Skills	Number	Yes
Scale9	Average scale of skill: Appropriate Treatment Selection	Number	Yes
Scale10	Average scale of skill: ECG Analysis	Number	Yes
Scale11	Average scale of skill: ECG Ancillary Test Interpretation	Number	Yes
Scale12	Average scale of skill: Clinical Judgment	Number	Yes
Scale13	Average scale of skill: Independent Learning	Number	Yes
Scale14	Average scale of skill: Ability to Adapt (0-5)	Number	Yes
Scale15	Average scale of skill: Use of Evidence Based Principles & Practices	Number	Yes
Scale16	Average scale of skill: Follows Attendings' Directions	Number	Yes
Scale17	Average scale of skill: Arranges Appropriate Disposition	Number	Yes

Field Name	Description	Туре	Required?
Scale18	Average scale of skill: Appropriate Use	Number	Yes
	of Consultations		
Scale19	Average scale of skill: Promptness	Number	Yes
Scale20	Average scale of skill: Relationship with	Number	Yes
	Colleagues		
Scale21	Average scale of skill: Academic	Number	Yes
	Preparation		
Scale22	Average scale of skill: Motivation &	Number	Yes
	Effort		
OverallGrade	Average of Scale1 to Scale22	Number	Yes
Comment1	Average Comments to be used in	Text (255)	No
	Student's Summary Evaluation		
Comment2	Average Comments not for inclusion in	Text (255)	No
	Student's Summary Evaluation		

 Table 7

 Description of Table—Report_medschool

Field Name	Description	Туре	Required?
StudentID	Primary key Foreign key references the table student	Number	Yes
Scale1	Scale of skill: fundamental of knowledge, equals to the average of scale6, scale 7 in the table report_EM	Number	Yes
Scale2	Scale of skill: data gathering, equals to the scale5 in the table report_EM	Number	Yes
Scale3	Scale of skill: data assessment, equals to the average of scale10, scale11 in the table report_EM.	Number	Yes
Scale4	Scale of skill: ability to learn independently, equals to the scale13 in the table report_EM	Number	Yes
Scale5	Scale of skill: diagnostic & therapeutic skills-clinical judgment, equals to the scale7 in the table report_EM	Number	Yes
Scale6	Scale of skill: procedure skills, equals to the scale8 in the table report_EM	Number	Yes
Scale7	Scale of skill: perserverance in patient care, equals to the average of scale16, scale17 in the table report_EM	Number	Yes

Field Name	Description	Туре	Required?
Scale8	Scale of skill: collaboration with other health professionals, equals to the scale4 in the table report_EM	Number	Yes
Scale9	Scale of skill: relationship with patient, equals to the scale1 in the table report_EM	Number	Yes
Scale10	Scale of skill: response to stressful situation, equals to the scale14 in the table report_EM	Number	Yes
Scale11	Scale of skill: communication, equals to the scale3 in the table report_EM	Number	Yes
Scale12	Scale of skill: motivation and efforts, equals to the scale22 in the table report_EM	Number	Yes
Comment1	Narrative Comments	Text (255)	No
Comment2	Comments that summarize student performance in the rotation (to be used in the Dean's letter of recommendation)	Text (255)	No
Grade	Final grade of the course: clinical evaluations (40%), workshop (20%), student attendance/participation at conferences (10%), case paper and presentation (30%); The grade is fail, pass, high pass or honors	Number	No
CoursePeriod	The course period	Text (50)	No
Discussed WithStudent	If the course evaluation has been discussed with student	Yes/No	No
Reporter	The reporter's name, usually the reporter is the course director	Text (100)	No
Reporter Position	The reporter's position	Text (50)	No
ReportDate	The report date	Date/Time	No

5.3 Interface Design and Implementation

The target users interact with the system through web interfaces. It is important that the interfaces are simple, user-friendly, and easy to use. All interfaces should follow the general guidelines and principles as below:

• The interfaces should be consistent with the existing evaluation forms.

- All interface contents should be consistent and standardized. Clear instructions should be provided.
- The interfaces should allow freedom of control and navigation.
- The interfaces should prevent a problem from happening in the first place rather than showing error message.

A login page (Appendix 3) is created to prevent unauthorized access to the system. Based on users' tasks, different interfaces are provided to attendings and administrative users, respectively.

5.3.1 Interface Design and Implementation for Attendings

The attendings have only one task—submit evaluations. The interfaces for attendings are very simple. The submit-evaluation-task will be completed through four pages: students/shift page, evaluation form page, submit evaluation confirmation page, and submit evaluation result page.

1. Select Student/Shift Page (Appendix 4)

The "select student/shift" page is the first page that appears after attendings log in. Each attending has his/her own account, so whenever he/she log in, only the corresponding students and shifts that haven't been evaluated will appear in this page. A student might have multiple shifts that need to be evaluated by the attending. A table is used in this page to show students' pictures in left and their names and shifts in the right. This makes it easy for the attending to select a right shift. 2. Evaluation Form Page (Appendix 5)

The next page is the evaluation form page. The structure of the evaluation form is similar to the old HTML form. This makes it easy for attendings to accept the new system. A new option—"Not Observed" is added to the evaluation form because there exists the fact that some skills are not observed by the attendings during a shift. After discussion with the users, the "Not Observed" is not set as the default option in order to prevent any possible misleading. All the 22 skills need to be evaluated by the attendings. When the evaluation form is submitted, ASP scripts will check whether all skills have been evaluated. If evaluations of some skills are missing, the ASP scripts will redirect the web page to the evaluation form page, with the warning message about which skills are missing, thus help attendings to find missing skills easily. This mechanism makes the evaluation more accurate (no missing part among the skill evaluations).

3. Submit Evaluation Confirmation Page (Appendix 6)

The submit confirmation page is created to prevent the submission of an evaluation by accidentally clicking on the submit button. It also allows the attendings to check or change their evaluations before submitting them.

4. Submit Evaluation Result Page (Appendix 7)

The submit evaluation result page shows the submission result. If the submission of an evaluation is not successful, the error message will be displayed, otherwise a success message will appear as well as a new button "Do Another Evaluation". Clicking on the new button will lead the users back to the "Select Students/shift" page. This allows the attendings to make another evaluation conveniently.

5.3.2 Interface Design and Implementation for Administrative Users

The administrative users have more tasks than the attendings. A key problem is how to make the system easy for them to use. After interactive discussions with the current Student Coordinator, Gail Holzmacher, it was decided that the tasks are categorized into three groups of operations: (1) Add new students and assign shifts for them, (2) Student management including editing student personal data and their shifts, getting evaluations and reports, (3) Get lists of students who should attend workshops. After the administrative users log in, the first page is a menu page (Appendix 8) that provides these three groups of operations.

1. Add new students and assign shifts

• Add student

In the add new student page (Appendix 9), student information like first name, middle name, last name, email, class code, and picture name will be entered. The file names of the students' pictures, instead of the real picture files, are entered by administrative users. For server security reason, only the system administrator of the Emergency Medicine Department has the full access to the server. The Student Coordinator doesn't have the privilege to upload files to the server. The student picture files are uploaded to the server by the system administrator of the department. The picture files are named by the following nomenclature: first letter of the first name followed by full last name and ".gif". After the student information has been successfully added into the database, a result page (Appendix 10) is displayed to notify the user. In the result page, there is a button "Assign Shifts". This button allows the user to assign shifts to the student right after he/she is added into the system. This design is based on the working procedure of the Student Coordinator.

• Assign shifts

A student might have multiple shifts (8 to 15 shifts). To make it easier to assign shifts to students, the interface is designed as follows: In the assign shifts page (Appendix 11), there are two columns. The left column includes a shifts submission form. The right column displays the list of shifts for the student (It will be empty if the student has no shift). After the shift is assigned, it will come back to the same page, and the new shift will appear in the right column. This interface helps users to assign shifts to a student continually. JavaScript is applied for data validation as below:

- a. Check if the month is selected.
- b. Check if the day is selected.
- c. Check if the shift date is valid. For example, the shift date Feb. 30 is not valid.
- d. Check if the shift time is selected.
- e. Check if the attending is selected.
- f. Check if the workshop option is selected.

2. Student Management

Students are divided by class. After search by a class (Appendix 12), all students in the class are displayed in a table with three columns (Appendix 13). The middle column displays students' personal data and pictures, the right column displays the

students' shifts information, and the left column provides the options of actions: edit student, edit shift, make evaluations, view evaluations, and get reports. There are email links for students which allow the Student Coordinator to send email to students conveniently.

Edit Student

This option includes updating and deleting student information (Appendix 14, 15, 16). The Access database enforces referential integrity, for example, when a student has shifts or reports, this student's information can't be deleted; otherwise there will be errors. To prevent errors from happening, ASP scripts check whether the student has shifts or reports first. It will not do the delete operation if the student still has shifts and/or reports and will return warning messages to inform the user (Appendix 17).

• Edit Shift

This option includes adding new shifts for the student, updating an existing shift, or deleting an existing shift (Appendix 18, 19, 20). When a shift has corresponding evaluation, this shift can't be deleted; otherwise, there will be errors. ASP scripts handle error checking and return warning messages to notify the user.

Make Evaluation

Although not very likely, it is still possible that some attendings refuse to use this new system to submit evaluations. They might prefer using the old HTML form or even

the paper-based form. In order to put all evaluations into the system, an evaluation interface was designed for administrative users so that they can do the job for those attendings. Administrative users don't actually make evaluations for the students; instead, they just fill in evaluations based on the HTML-form-based or paper-based evaluations submitted by those attendings. There is a page showing all shift information of a student including shift date, time, and attending (evaluator) (Appendix 21). If a shift has not been evaluated, a link "Make Evaluation" is active beside the shift. This link leads the administrative users to the evaluation pages that are the same as those for attendings (Appendix 5, 6, 7).

• View Evaluation and Get reports

There is a page showing a list of all shifts of a student (Appendix 22). If a shift has been evaluated, a link "View Evaluation" is active beside the shift. This link leads users to the evaluation of the shift. A printable version of the evaluation is provided. When all shifts of a student have been evaluated, a button "Get Reports" will appear below the shift list. This ensures that the clinical evaluation reports are based on the evaluations of all shifts of the student.

Clicking on the button "Get Reports" triggers ASP scripts. The scripts first calculate the average scales of skill 1 to skill 22, then sum the 22 average values, and divide the sum by 22 to get the final grade. Then the scripts check whether the student has already had a clinical evaluation report. If there is no report for the student, a clinical evaluation report will be created. Otherwise, the report will be updated. Finally the scripts convert the scales of skills (22 skills) in clinical evaluation report to the scales of skills (12 skills) in the final report for the School of Medicine, and then insert or update the report for the School of Medicine. After all these operations have been finished, the get report page appears, where there are two buttons, one is for getting the clinical evaluation report and the other is for getting the final report of the course for the School of Medicine (Appendix 23).

Except scales of skills, a clinical evaluation report (Appendix 24) might include comments. The comments are the summary of the comments of all shifts of a student. No repeated comments appear in the report. An edit report page (Appendix 25) is provided to allow users to enter or edit the summary of the comments. A printable version report is provided for convenient printing.

Similarly, a final report (Appendix 26) includes comments (summary of all performances of a student during the course) and the final grade. An edit report page (Appendix 27) is also provided to allow users to enter or update the information. Again, a printable version is provided to help the users print out the final report easily. The printable version report (Appendix 28) is similar to the previously used paper-based one (Appendix 2).

3. Get workshop list

This allows users to search by month and to get a list of students who should attend the workshop in the month (Appendix 29).

VI. Future Implementation

This system is implemented with the essential features and functionalities to improve the quality of the student evaluation process. In the future, more features and functionalities can be added to the system. Some recommendations are listed below:

- The Student Coordinator needs to send email to students to inform them about the schedules of their shifts. Now only the email links are available. A new function such as a form with default value as the shift schedules of the student should be added to make it more convenient.
- 2. Although a login page is implemented to prevent unauthorized access to the system, the security of the system needs to be enhanced. A log out function should be added to every page of the interface. Encryption techniques and Secure Socket Layer (SSL) should be applied in the future.
- 3. In the ED, the resident rotation program has a similar evaluation system. This new system can be extended to the resident rotation evaluations.
- 4. When the scope of the evaluation system becomes larger, considering the limitation of Access database, it should be converted into SQL server.

VII. Lessons Learned

The most important thing that the author learned from this project is that an effective system can't be developed successfully unless users' needs and their usage scenarios are fully understood by the developer. During the development of this project, some difficult

issues, such as the functions of creating reports, were encountered. However, after interactive discussions with the users, those functions were created successfully, which makes the system more effective.

This database-driven web-based student evaluation and tracking system is very effective, efficient, and greatly improves the quality of evaluation process. Some similar systems can be developed in other departments in UNC-Chapel Hill. For example, in the Chemistry Department, there is a General Chemistry Lab program (CHEM11L and CHEM21L). Every semester there are about 2000 students registering for the program, who are divided into 80 lab sections. Teaching Assistants are the instructor of the labs. A laboratory manager is in charge of this program. Each semester, the laboratory manager gives a lot of forms such as grading forms to the teaching assistants. After filling out the forms, the teaching assistants return them to the lab manager. Then the lab manger handles the data manually. This management system is very time- and energy-consuming, and there might be mistakes. A new management system similar with this student evaluation and tracking system developed for the Emergency Medicine Department can be developed for teaching assistants and laboratory manager in the Chemistry Department.

Appendices

Appendix 1. Paper-Based Clinical Evaluation Form

UNC School of Medicine Department of Emergency Medicine EM 401 Student Evaluation

Student Name:	_ Evaluator:											
Date:	Signa	ture:										
Scale: 1-Faibre 2-Unsatisfactory	3-Average	4-Exce	llent	5-Outstanding								
Interpersonal & Communication Skills												
Communication with Patient & Colleagues	1	2	3	4	5							
Documentation Skilk	1	2	3	4	5							
Case Presentation	1	2	3	4	5							
Collaboration with Faculty, Nursing, & Staff	1	2	3	4	5							
Fatient Care & Medical Knowledge												
Patient HX & PE Assessment	1	2	3	4	5							
Differential Diagnosis Development	1	2	3	4	5							
Diagnostic & Therapeutic Skills	1	2	3	4	5							
Procedural Skills	1	2	3	4	5							
Appropriate Treatment Selection	1	2	3	4	5							
Fractice-Based Learning & Improvement												
ECG Analysis	1	2	3	4	5							
Ancillary Test Interpretation	1	2	3	4	5							
Clinical Judgment	1	2	3	4	5							
Independent Learning	1	2	3	4	5							
Ability to Adapt	1	2	3	4	5							
Use of Euidence Based Frinciples & Fractice	5											
Systems-Basel Fractice												
Follows Attendings' Direction	1	2	3	4	5							
Arranges Appropriate Disposition	1	2	3	4	5							
Appropriate Use of Consultations	1	2	3	4	5							
Professionalism												
Promptness	1	2	3	4	5							
Relationship w Colleagues	1	2	3	4	5							
Academic Preparation	1	2	3	4	5							
Motivation & Effort	1	2	3	4	5							
Comments to be used in Students Summs	ry Evaluati	on.:										
Comments NOT for inclusion in Student	's Summary	Evaluatio	<u>n:</u>									
Suggested Overall Grade: Failure Un	satisfactory	Averag	e Ex	cellent Ou	istanding							

Revised July 9, 2002

Cherri Hobgood, MD - Course Director

Aunays reads extensively (scope and depth) in the liferatur Aunays reads extensively (scope and depth) in the liferatur perimentus patient problems. Actively seeks educational nounds and conferences. Has superior ability to research Exhibits great facility with clinical technique. Admity uses equipment and conforms completely with accepted proced steps. Closely monitors patient response to treatment after initial work-up and makes astute adjustments if indicated. Maint History and physical examinations are usually comprehens Accurately and efficiently integrates and interprets history : physical examination data. Synthesized information to a m at a concise, accurate problem list. therapeutic program are unusually astude for a third fourth year student. Clinical judgment is superior. Medical knowledge is broad and deep. Displays unusual professionals. Treats other health professionals as colleagues, e.g., seen as contributing to morale of other members. Plans for diagnostic tests, consultation (if needed), and Elicits and contributes to full cooperation among health insight into common and uncommon clinical problems. unusually clear and comprehensive medical records. DATES OF ASSIGNMENT thorough and precise. clinical topics. Accutately integrates and inter prets history and physical examination data when developing problem list. Accurately judges his.ther own competence to perform various components Monthors patient response to treatment and adjusts as indicated after initial work-up. Mainfains neat and accurate medical records at appropriate intervals. Assumes responsibility for reading standard literature pertinent to patient problems. Satisfactorily reviews topics in standard textbooks and in selected anticles. Uses proper procedural technique. Orga nizes equipment prior to procedure; timing is smooth and coordinated. Works cooperatively with other health professionals and respects their professional roles, e.g., seeks their involvement in team discussions and planning, requests help from other Medical knowledge is satisfactory and adequate to deal with History and physical examination are complete and accurate. Plans for diagnostic tests, consultation (if needed) and thenpeutic program are complete and accurate. Clinical judgment is good. members of the health care team. Important data a re ob tained. common clinical problems. of the plan. CLERKSHIP OR ELECTIVE & SITE therapeutic program a re somewhat in complete. Occasional deficiencies are noted. Clinical judgment is Occasionally has difficulty using proper technique (e. g., auxunard with equipment, bypass steps) sometimes tails to prepare equipment before procedures and has Occasionally has difficulty integrating and inte preting history and physical examination data when developing problem list. Plans for diagnostic tests, consultation (if needed) and Does not always monitor patient response to theatment or make indicated adjustments after initial work-up. History and physical examination are usually complete Requires considerable direction or encoura gement to Medical knowledge is marginal. Information base is adequate in some areas, but deficits exist regarding (00th some exceptions, cooperates with other health and accurate. Occasionally, important data are not professionals and respects their professional roles. bextbooks but has difficulty using other sources of read the standard literature pertinent to patient problems. Reviews assigned topics in standard Occasional voids in the medical record. difficulty with timing and coordination. some important clinical problems information. obtained. weak. Fails to monitor patient response to the atment and make indicated adjustments after initial work-up. Medical standard. Lacks the knowledge necessary to deal with history and physical examination data when developing inaccurate. Important data are frequently not obtained. Plans for diagnostic tests, consultation (if needed) and Shows little evidence of outside reading a bout patient problems. Relies exclusively on ward experience to increase fund of knowledge. Has difficulty researching professionals, e.g., nurses, ward clerks, laboratory technicians, residents, attendings, and fellow students therapeutic program are clearly deficient. Frequently overlooks key aspects of diagnosis and management. Has difficulty using proper technique (e.g., awkward with equipment, bypasses steps). Fails to prepare equipment before procedure and has difficulty with History and physical examination are incomplete or Frequently has difficulty integrating and interpreting record entries fre quent late, illegible or o mitted. 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Appendix 2. Paper-Based Final Report for the School of Medicine

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Appendix 3. Login Page

Appendix 4. Select Student/Shift Page

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Appendix 5. Evaluation Form Page

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Appendix 6. Submit Evaluation Confirmation Page

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Appendix 7. Submit Evaluation Result Page

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Appendix 8. Menu Page for Administrative Users



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Appendix 12. Search Student Page

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Appendix 15. Update Student Page

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Appendix 24. Clinical Evaluation Report for the Emergency Medicine Department Page

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Appendix 26. Final Report for the School of Medicine Page

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Appendix 27. Edit Final Report Page

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Not Frequently has difficulty integrating and Observed interpreting history and physical examinati data when developing problem list.	Occasionally has difficulty integrating on and interpreting history and physical examination data when developing problem list.	Accurately integrates and interprets history and physical examination data when developing problem list. Accurately judges his/her own competence to perform various components of the plan.	Accurately and efficiently integrates and interprets history and physical examination data. Synthesized information to arrive at a concise, accurate problem list.	
ABILITY TO LEARN INDEPENDENTLY:				
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Not Shows little evidence of outside reading Observed about patient problems. Relies exclusively ward experience to increase fund of knowledge. Has difficulty researching assigned topics.	Requires considerable direction or on encouragement to read the standard literature pertiment to patient problems. Reviews assigned topics in standard textbooks but has difficulty using other sources of information.	A symmes responsibility for reading standard literature pertinent to patient problems. Satisfactonly reviews topics in standard textbooks and in selected articles.	Always reads extensively (scope and depth) in the literature pertinent to patient problems. Actively seeks educational rounds and conferences. Has supenor ability to research clinical topics.	
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Appendix 29. Workshop Students List Page