

Senior Resident Continuity Clinic 2013-2014 Manual

Editor Bojana Babic
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Dear Senior Pediatric Residents,

Welcome to your senior resident continuity clinic!

Resident continuity clinics have been demonstrated to improve resident learning and autonomy, as well as resident-patient relationships. Senior resident continuity clinic should enable you to *integrate* many of the specific objectives achieved in previous ward and subspecialty rotations. You will have a unique opportunity to build communication, management and professionalism skills while providing quality care to patients. We hope that this rotation will be a relevant experience that consolidates your previous learning and challenges you to see your potential as consultant pediatricians.

Some of you are assigned to 2G clinic at McMaster and some of you are placed in the community offices. In both places you are responsible for pre-reading, completing timely patient assessments, reviewing with supervisor, counselling, documentation and billing of the encounters. In both places you are expected to see 3-4 patients per clinic, generally 1-2 new and 1-2 follow ups. It is crucial that you stay committed to the assigned clinic dates as that is the only way to ensure continuity for you and for the patients.

You should review each patient with the assigned staff within the allotted 10 minutes. One mini CEX should be done per clinic and you should choose which aspect of the patient encounter you want observed. Staff will keep the copies of the Mini CEX forms which will help towards the ITER completion at 6 and 12 months. In addition, you will complete the staff evaluation forms as well as rotation evaluation at the end of the year. All evaluations can be found on One45. We welcome your constructive feedback as we continue to improve your educational experience.

Your resident rep for the clinic is Adriana Fonseca, and your faculty rep is Bojana Babic. Don't hesitate to contact either one of us if you have any questions or concerns.

Sincerely,

Bojana Babic
babicb@mcmaster.ca

Rotation Specific Learning Objectives (CanMeds format)

(A) Medical Expert

- The resident should display knowledge of common acute and chronic problems encountered in consulting paediatrics such as asthma and failure to thrive. He/she should have an approach to the child with multisystem involvement. He should demonstrate an understanding of normal/abnormal development, nutrition and behavioural issues.
- The resident should demonstrate the ability to take comprehensive histories including a history of the present complaint and full psychosocial histories. The resident should be able to adapt history-taking techniques for patients of different ages and cultures.
- The resident should be able to outline an appropriate management plan including relevant investigations, subspecialty consultations and resources (allied health/community) and recommend appropriate investigations taking into consideration costs and benefits.
- The resident should develop a follow up plan including review of investigations and plan for comprehensive ongoing care.

(B) Communicator

- The resident should demonstrate age appropriate interview techniques, explanations of assessment process, plans for investigation and management for both children and their parents/caregivers.
- The resident should demonstrate sensitivity to emotional and cultural issues. He/she should show appropriate respect with regards to issues of confidentiality.
- The resident should show awareness of the importance of communication between all members of the health care team including public health, schools, paediatric subspecialties, allied health and family doctors.
- The resident should present cases in an organized and succinct fashion.
- The resident should dictate informative and comprehensive consultation and follow up visit notes summarizing the assessment and management plans.

(C) Collaborator

- The resident should recognize the importance of establishing an alliance with patients and their families in the ongoing care of his/her patients.

- The resident should understand the importance of interaction and cooperation between all members of the health care team. He/she should recognize his/her unique role as case manager.
- The resident should collaborate with his/her colleagues ensuring resident coverage for all clinics if a switch is required
- The resident should be able to work well with all members of the clinic.

(D) Manager

- The resident should demonstrate the ability to use information technology and medical searches to provide the most up to date, evidence based information to address patient problems encountered.
- The resident should show awareness of cost/benefit issues in the management of patients. He should demonstrate knowledge of appropriate shadow billings for all patients reviewed in his/her clinic.
- The resident should be aware of time management in reviewing his/her patients in the clinic.
- The resident should inquire about alternative health practices and their role in the health care plan for patients that they assess or follow.
- The resident should be aware of agencies involved in the provision of care to children (i.e. child welfare, public health).
- Residents in the “Community Stream” should develop an understanding of how a busy consulting pediatric office functions.

(E) Health Advocate

- The resident should be able to discuss the role of social, economic and biological factors that may impact the health of his/her patients (i.e. poverty, obesity).
- The resident should actively promote the involvement of his/her patient and family in medical decision-making.
- The resident should be able to demonstrate the knowledge of the different health care needs of children at different ages and be proactive in addressing these needs in the care of individual patients over time.
- The resident should demonstrate an understanding of health care promotion.
- The resident should be knowledgeable about community resources available to help their patients (i.e. COPE) and advocates on behalf of individual families for their involvement.

(F) Scholar

- The resident recognizes the importance of continuing medical education for the consulting paediatrician.
- The resident demonstrates the importance of critical appraisal in incorporating new information, which may change practice.

(G) Professional

- The resident understands the importance of meeting commitments to patients, his/her families and colleagues.
- The resident demonstrates compassion and empathy in his/her interaction with patients and families.
- The resident recognizes his/her limitations in consulting paediatric practice and seeks appropriate assistance.
- The resident demonstrates respect for others.
- The resident demonstrates an understanding of ethics as it relates to issues encountered in consulting paediatric practice

Resident Allocation 2013-2014

MUMC 2G clinic:

- Greg Harvey
- Ghanem Al-Ghanem
- Joanna Stanisz
- Andrea Martinez
- Praveen Rayar
- Nancy Nashid
- Anne Moffatt
- Romy Cho
- Kim Genier

Community

- Drs Hallett, Orovec, Babic and Ramji: Andrea Mucci, Jenna Dowhaniuk, Julia Frei, Adriana Fonseca
- Dr Siegel: Allison Rodrigues
- Dr Shoba Wahli: Meshari Al Aifan, Sophie Tanguay
- Drs MacNay, Giglia and Chitayat: Stephanie Kay, Renèe Tseng

2G SRC

Navigating Community Wide Scheduling

Enter into Meditech

After you have entered your USER ID and PASSWORD,

Choose “Community Wide Scheduling”

Type RES3 or RES4 then Return

Move (by arrows) to whatever day you would like to see

Press “A” for appointments, and a list of your patients on that day will appear with their booking times

Move (by arrows) to highlight the patient of interest,

Type “M” and you will move into a standard meditech list of options for that patient

Booking Patients into SRC 2G

NEW Referral: Fax to Skye – 905-521-4981

If you would like to follow up a patient you saw on the ward or ER yourself, please email:

pedambulatorybooking@hhsc.ca; speksnyd@HHSC.CA

You will need to use the patients M# only and no names. You will need to know your schedule, the exact date and time of the appointment you wish to have and which Resident Clinic you are in (Res 3 or 4). You will need to inform the patient of this appointment prior to discharge or make sure that you put in the email that the clinic must notify the patient.

Senior Resident Clinic 2G Expectations

- The residents should pre-read about each patient by reviewing available charts on meditech. After pre-reading, the resident should come prepared with any notes, handouts or action plans that may be needed for each patient.
- Arrival to clinic at least 5 minutes before clinic begins to gather and organize any necessary paperwork and review any documents that are not available on meditech.
- ***Residents must be in appropriate professional attire. OR greens, jeans etc. are not acceptable.***
- Residents are expected to see each consult in approximately 40 minutes. This will allow 20 minutes to review the case with staff and counsel families appropriately. Residents are expected to complete each follow-up in 20 minutes. This will allow 10 minutes to review the case with staff and counsel families.

- A mini-clinical examination will be completed by each resident in each clinic. The resident is expected to notify staff at the beginning of the identified Mini clinical exam. The staff will come in and observe them complete a history, physical examination, or counseling session and give feedback.
- Residents are expected to dictate on each patient encounter. Dictation job ID numbers are to be written at the bottom of each chart. Dictation **must** be completed the same day.
- Residents are expected to follow up on the investigations ordered and review them with the staff. If investigations are done outside of the hospital, staff is expected to forward the investigations to the resident for review.
- **Patient charts can never leave the clinic.**
- If there is a schedule conflict with the residents' attendance in the clinic, the resident is expected to find their own replacements and notify the senior resident clinic resident representative of the switch. The representative will notify the senior resident clinic nurse who will change the schedule. It is expected that residents will make every effort not to switch or change their SRC clinic schedule. This will facilitate as much continuity as possible with respect to patient encounters.
- It is the resident's responsibility to know when they are to be in senior resident clinic. Failing to attend clinic will result in documentation of professional behavior and the resident will meet with the program director to discuss the reason for their absence.

SRC community stream - Guidelines

SCHEDULING THE RESIDENT

1. 3rd year residents should be booked for their SRC half day once a month. 4th year residents should be booked two half days a month if possible.
2. Some months the resident may be on elective out of the city and hence will miss that month. The resident can make this time up on a different rotation if acceptable to their attending.
3. Choose any half day that is mutually agreeable to you and the resident.
4. Try to get the resident to give you dates at least 6 months in advance.
5. Patients that the resident sees who require follow up should be seen by them to encourage continuity.

PATIENT BOOKING

1. Ideally, residents should see 3 – 4 patients per day (ie 2 consults, 2 follow ups OR 3 consults)
2. Suggested booking times would be 1 hour for consults, 30 minutes for follow up
3. There should be 10 minutes for case discussions at the end of each case.

EDUCATION/ EVALUATION

1. Education occurs on a case by case basis around each patient during discussion.
2. Please teach the resident on how to bill each patient they encountered that day.
3. Each clinic half day the resident should receive one Mini Cex evaluation. The resident is expected to notify staff at the beginning of the identified Mini clinical exam. The staff should come in and observe them complete a history, physical examination, or counseling session and give feedback.
4. Resident should forward the formal evaluation via One45 q 6 months to their clinic supervisor.

PROFESSIONAL BEHAVIOUR

The resident is expected to:

1. Arrive to clinic on time
2. Wear professional attire (greens not acceptable)
3. Know their schedule
4. Prepare for the clinic the night before if possible
5. Make an effort to have continuity – Don't cancel or rebook clinics