

Senior Resident
Continuity Clinic Manual
For Residents 2014-2015

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MacPeds

Training the next generation of pediatricians

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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 the 2G clinic at McMaster and some of you are placed in the community offices. Regardless of location, you are responsible for pre-reading, completing timely patient assessments, reviewing with supervisor, counselling, documentation and billing of the encounters. You will be 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 SRC clinic resident rep is Romy Cho, 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

(A) Medical Expert

- (1) The resident displays knowledge of common acute and chronic problems encountered in consulting pediatrics.
- (2) The resident demonstrates an understanding of normal/abnormal development, nutrition and behavioral issues.
- (3) The resident can take comprehensive histories and perform accurate exams in patients of different ages.
- (4) The resident is able to outline an appropriate management plan including relevant investigations, subspecialty consultations and resources (allied health/community).

(B) Communicator

- (1) The resident demonstrates age appropriate interview techniques.
- (2) The resident demonstrates sensitivity to emotional and cultural issues, as well as knowledge of confidentiality limitations.
- (3) The resident presents cases in an organized and succinct fashion and dictates notes summarizing the assessment and management plans in a timely fashion.

(C) Collaborator

- (1) The resident collaborates with his/her colleagues ensuring resident coverage for all clinics if a switch is required.
- (2) The resident works well with all members of the clinic.

(D) Manager

- (1) The resident shows awareness of cost/benefit issues in the management of patients.
- (2) The resident should demonstrate knowledge of appropriate shadow billings.
- (3) Residents in the "Community Stream" should develop an understanding of how a busy consulting pediatric office functions.

(E) Health Advocate

- (1) The resident actively promotes involvement of the patient and family in medical decision-making.
- (2) The resident is aware of the importance of communication between all members of the health care team including public health, schools, pediatric subspecialties, allied health and family doctors.
- (3) The resident shows knowledge of community resources available to help their patients (i.e. COPE, Child Welfare, Contact)

(F) Scholar

- (1) The resident recognizes the importance of continuing medical education and demonstrates reading around cases.
- (2) The resident's knowledge and skills continue to progress as expected during the longitudinal nature of this clinic.

(G) Professional

- (1) The resident understands the importance of meeting commitments to patients, families and colleagues.
- (2) The resident recognizes his/her limitations in consulting pediatric practice and seeks appropriate assistance

Resident Allocation 2013-2014

MUMC 2G Clinic:

- Lindsay Fleming
- Harpreet Gill
- Juliana Giraldo
- Paria Kashani
- Koyelle Papneja
- Ania Van Meer
- Anushka Weeraratne
- Mihaela Paina
- Humaira Nael
- Joe Oliver
- Willa Liao
- Shazli Shethwala
- Meijian Zhao
- Rubeena Khan
- Rosheen Grady
- Andrea Kirou-Mauro
- Jillian Salvador
- Madhavi Moharir
- Shiba Asim
- Kim Genier

Community Clinics:

- Drs. Hallett, Orovec, Babic and Ramji:
 - Romy Cho, Daisy Liu, Michelle Lee
- Dr Siegel:
 - Joanna Stanisz
- Drs. MacNay, Giglia and Chitayat:
 - Anne Moffatt, Kaleem Ashraf
- Dr. DiGravio
 - Jessica Norris

MUMC 2G SRC Clinics

Navigating Community Wide Scheduling

- Enter into Meditech
- After entering your USER ID and PASSWORD, choose “Community Wide Scheduling”

Appl DB	Title
1 EDM.HAH	Emergency Department Management **LIVE**
2 PCI.HAH	Patient Care Inquiry
3 PWM.HAH	Provider Workload Management **LIVE**
4 SCH.HAH	Community Wide Scheduling

- Type RES1, RES2, RES3 or RES4 then Return
- Use arrows to select the appointment date you wish to view
- Press “A” for appointments, and a list of your patients for the selected date will appear with their booked appointment times

From	Thru	Book	Avail	Avail For
1300	1330	1		M PAED GP
1330	1400	1		M PAED GP
1400	1430	1		M PAED GP
1430	1500	1		M PAED GP
1500	1530	0	Y	M PAED GP
1530	1600	1		M PAED GP

- Use arrows to highlight and select the patient of interest
- Type “M” or click on “Modules to move into a standard Meditech list of options for that patient

Date	Time	Type	Status	Pt St	Name
22/05/14	1300	MF PGEN	BOOKED	PRE CLI	
22/05/14	1330	MF PGEN	BOOKED	SCH CLI	
22/05/14	1400	MF PGEN	BOOKED	SCH CLI	
22/05/14	1530	MF PGEN	BOOKED	SCH CLI	

Booking Patients into SRC 2G

- **NEW Referrals: 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;

You will need the patients M# only and no names. You will need to know the exact date and time of the appointment you wish to make from your SRC clinic schedule as well as the resident code (RES1, RES2, RES3 or RES4). Inform the patient of this appointment prior to discharge.

MUMC 2G SRC Clinic Expectations

- Pre-read about each patient by reviewing available notes on Meditech or reviewing referral letters faxed to the 2G clinic; come prepared with any notes, handouts or action plans that may be needed for each patient. If the clinic nurse is absent, prepared charts are available for pick up the morning of the clinic in the business clerk area.
- Arrive at least 5 minutes before clinic begins to gather and organize any necessary paperwork and review any documents that may not be available on Meditech.
- ***Dress in professional attire - OR greens, jeans etc. are not acceptable for clinic.***
- Time management recommendations:
 - 1 hour for new consultations (40min history and physical exam, 20 mins to review with staff and counsel patient/their family)
 - 30 mins for follow-up (20 min history and physical exam, 10 mins to review with staff and counsel patient/their family)
- Mini-MAS must be completed with each SRC clinic. The resident and staff will pre-identify which portion of the history, physical examination, or counselling session will be observed for a patient at the beginning of clinic. Staff will come into the clinic room, observe the encounter and provide feedback.
- Residents are encouraged to write billing codes for each patient encounter on clinic billing sheets
- Residents are expected to dictate each patient encounter. Dictation job ID numbers are to be written at the bottom of each chart. Dictation ***must*** be completed the same day.
- ***Patient charts can never leave the clinic.***
- 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.
- If a patient is a No Show, please dictate a brief letter to the referring physician/family doctor so that they are aware and ask for the appointment to be rescheduled if still warranted.
- If there is a schedule conflict, the resident is expected to find his or her own replacements and notify the SRC clinic resident rep (Romy Cho) of the switch. She will notify the SRC clinic nurse who will make changes to the schedule.
- It is the resident's responsibility to know when their SRC clinic takes place. Missing a scheduled clinic will result in documentation of unprofessional behaviour and the resident will be required to meet with the program director to discuss the reason for their absence.
- Residents should forward formal evaluations via One45 every 6 months to their clinic supervisor.

Community SRC Clinics

Resident Scheduling

- 3rd year residents will be booked for their half-day SRC clinic once a month.
- 4th year residents will be booked for their half-day SRC clinic twice a month.
- During out of city electives, residents may miss clinics for that month and can make up this missed time on a different rotation if acceptable to their attending
- A half day will be chosen that is mutually agreeable to the resident and the staff supervising the continuity clinic
- Residents will be requested for availabilities at least 6 months in advance
- Residents will follow patients whom they have seen previously to encourage continuity

Patient Booking

- Residents will ideally see 3 or 4 patients per half-day (i.e. 2 consults, 2 follow-ups OR 3 consults)
- Booking times are suggested as follows:
 - 1 hour for new consultations (40min history and physical exam, 20 mins to review with staff and counsel patient/their family)
 - 30 mins for follow-up (20 min history and physical exam, 10 mins to review with staff and counsel patient/their family)

Education/Evaluation

- A mini-clinical examination (Mini CEX) is to be completed by residents with each SRC clinic. The resident and staff will pre-identify which portion of the history, physical examination, or counselling session will be observed for a patient at the beginning of clinic. Staff will come into the clinic room, observe the encounter and provide feedback.
- Education occurs on a case-by-case basis around each patient during discussion.
- Residents are encouraged to learn how to bill for each patient encounter
- Residents should forward formal evaluations via One45 every 6 months to their clinic supervisor.

Professional Behavior

- Pre-read about each patient by reviewing available notes or reviewing referral letters faxed to the clinic; come prepared with any notes, handouts or action plans needed
- Arrive at least 5 minutes before clinic begins to gather and organize any necessary paperwork and review any documents that may not be available on Meditech.
- ***Dress in professional attire - OR greens, jeans etc. are not acceptable for clinic.***