

Acute Rotation Orientation

Goals and Objectives:

- Gain experience and expertise in the prevention, evaluation and management of acute and chronic medical conditions commonly seen in the outpatient setting
- Gain an understanding of the influence of family, community and society on the child in health and disease
- Gain experience and expertise in counseling children and their families, including patient education
- Gain experience performing common procedures in the outpatient setting
- Learn about appropriate documentation, billing and coding, Patient Centered Medical Home, and other concepts pertinent to systems-based practice in the outpatient setting
- Provide excellent patient care

The goals of the rotation will be met through direct patient care, case discussions, literature review, and self-study.

Acute Clinic structure and format:

Clinic hours:

- Clinic hours are 08:30 am-5:00 pm, except on Tuesdays- first patient is scheduled at 9:00 am after Grand Rounds (September through May).
- Patient appointments are scheduled Monday-Friday, 8:30 – 11:00 am and 1:30 – 4:00 pm. Patients should call and schedule an appointment but every attempt will be made to accommodate walk-ins.
- You are expected to arrive on time. If there is a true emergency preventing timely arrival, please call the clinic or the attending physician to notify them.
- **You are expected to stay in clinic until all patients are seen. Please note that patients calling for same-day sick visits and walk-ins may be added to your schedule if you have open slots or cancellations (last sick visit appointment at 4:30 pm).** You should also be available to help your colleagues on Continuity and Acute Clinic who are running behind and may be asked to see one of their patients. You must notify the clinic attending if you are leaving before 5:00 pm.
- Attendance at all scheduled morning and noon conferences is mandatory while on the Acute rotation.

Patient load:

General guideline for the number of patients seen per half-day session:

- PGY1: 3-5 patients (3-4 patients during block 1-2, 4 patients during block 3-7, 5 patients during block 8-13)
- PGY3: 6 patients

Scheduling patients:

- The patient visits include established patients seen for sick and follow-up visits. Occasionally, Newborns and Well Child Visits will be added to the Acute Clinic schedule (special circumstances)
- Patient visits are scheduled every 30 minutes.

Request for schedule changes:

- Schedules changes can affect patient access and should be avoided when possible, except for the following situations:
 - Personal reasons- emergencies, illness
 - Interview for fellowship or job– reschedule for another day, or have a colleague cover your clinic (and you in turn cover theirs)
 - Step 3 exam
- All schedule changes requests must be made in writing and submitted to the chief residents, clinic medical director and office manager.
- You are responsible of communicating scheduled absences with co-resident(s) on the rotation.

Residents Expectations:

Pre-visit:

- Review the clinic schedule and patients' medical records prior to the clinic session. Review relevant notes from clinic, ED, hospital visits, specialists' notes, labs and imaging. Decide beforehand who may need additional care. Then, communicate these concerns with your medical assistant on the day of the visit so that the entire team is prepared when the patient arrives.
- Please note that the clinic schedule may change due to last minutes cancellations and addition of same-day visits, but you will save time if you've seen the chart prior to the appointment. The patients on the schedule are your patients. You are their doctor!

Day of the visit:

- Arrive to clinic on time with a positive attitude and intentionally work on building connections with clinic team members. Get to know your staff (Medical assistant, front desk staff, etc..).
- Huddle with your MA at the beginning of the session and notify her if any additional testing is needed on your patients (for example POCT Hgb, ASQ, changing type of the visit from follow-up to WCC, etc.). Ensure minute-to-minute communication with the MA.
- Communicate additional patient needs with front desk staff or office manager if indicated.
- See patients in the order in which they are scheduled unless the severity of illness dictates more immediate attention and a change in priority or the patient arrives late for a scheduled appointment.
- You are expected to be complete but efficient, and respectful of the patients' time as well as your own. Patients should not be kept waiting for excessive periods of time. If you are prevented from seeing your patients in a timely fashion, you should attempt swapping patients with other residents after discussing with the attending.
- Obtain history, perform focused physical exam, formulate assessment and plan and present cases to the attending physician. During the session, the attendings devote their time exclusively to precepting residents.
- Apply evidence-based medicine and up-to-date clinical guidelines to manage common acute and chronic diseases.
- Provide disease management options that are patient-centered and cost-effective. Set goals with patients in clinic that are respectful of their psychosocial situations, and create an appropriate system between visits to support patients in those goals.

- Show initiative with regard to your own education and be curious about your patients.
- Be sure to place patient instructions and orders (return visit, referral, labs, etc) in ELLiE before patient check-out. Please indicate the resident with whom you want the appointment scheduled, when and why the appointment should be scheduled (Example: Follow-up for 2 week WCC with Dr. Smith).

Post-visit:

- You are responsible for following up on results of tests ordered on your patients. Contact patients to inform them of those results, and document management/communication in the patient chart (telephone note or result note). Document phone call attempt family even if unable to reach family. “No news” is no news. Ask the medical assistant to send a letter via mail asking the family to call clinic back regarding results if indicated.
- Follow-up on the status of the patient who is referred to APH for admission or evaluation in the ED. Notify the attending if patient no-show to hospital or ED.

Documentation:

- Clinic notes must be completed within 24 hours.
- A comprehensive medical record is paramount for high quality care. This will protect you and your patient should a medical-legal issue arise. Insurance companies require reasonable documentation that supports the charges being billed for the services provided.
- Be thorough in your documentation. Your discussion of the patient with the attending should be reflected in your documentation.
- Be objective. Your documentation is shared with the family via MyChart.
- The residents are expected to update the active problem list and reconcile medication list at each visit.
- Past medical history, past surgical history, family history and social history must be reviewed and updated by provided at each well-child visit and during office visits if indicated.
- Office visit notes must include chief complain, history, review of system, physical exam, procedures or POCT done in clinic, and assessment and plan.
- Please forward the note to the appropriate supervising attending.

Telephone triage:

- Check ‘In Basket’ throughout the day and respond to messages from attending and clinic staff in a timely manner (message related to patient triage phone calls, tests results, etc.).

Throughout the day!

- Use downtime in clinic to review your schedule to identify and contact high risk patients and/or patients who did not show to their appointment.
- The residents on the Acute rotation are also responsible of addressing abnormal/critical results of tests ordered by their co-residents on continuity clinic, specifically if the continuity clinic resident is on a vacation/night float rotation/busy inpatient rotation- as directed by the clinic attending.
- Consider your clinic group your team. If you are particularly efficient one day, offer to assist your colleague on continuity clinic who is overwhelmed. Then when you are running behind you are likely to get assistance from your colleagues.
- Communicate with your attendings if you are having a rough day-they are here to help you!

In addition to above expectations, the residents have the following responsibilities:

PGY3 responsibilities:

- Assume a senior role, i.e be ready and willing to take the lead, answer questions, and facilitate patient care.
- Facilitate the flow of patients in addition to seeing patients on your own. This entails keeping an eye out for higher acuity patients and delegation of tasks to other residents to expedite coordination of patient care.
- Be available to teach the PGY1 resident through modeling, precepting, reviewing and sharing relevant articles.
- During times of emergency patient care or high workload, the PGY3 should cover and make every effort to protect time for the PGY1 resident on the team to attend conference.
- Check whether assistance to see patients is needed in the continuity clinic.
- Supervise 4th year medical students. Medical students H&P must be directly observed or the information must be independently confirmed. The clinic note must be reviewed and co-signed by the PGY3 resident prior to being forwarded to the attending.

PGY1 responsibilities:

- Primarily responsible for seeing as many patients as possible to gain more clinical experience and independence.
- PGY1 residents, like all other residents, are responsible for their patients from start to finish. This includes performing necessary procedures, reevaluating at regular intervals if being seen for an extended period of time and coordinating care (i.e. calling specialist, admission, etc)

Evaluation and feedback

- The clinic faculty will evaluate your performance using the ACGME Milestones evaluation tool.
- The faculty will meet with the resident on Fridays to provide ‘weekly feedback’ and you will also receive feedback on an as-needed basis.
- If you want the attending to observe you doing a clinic encounter (or anything else), please ask. If you want feedback, please ask.
- The clinic staff (ie, clinic nurses, FOA, office manager) will also have input in your evaluation and will complete an evaluation form during the third week of the rotation.