

Internal Medicine Continuity Clinic Policies & Procedures

I. Introduction

The Internal Medicine Continuity Clinic has been established as a key part of the Internal Medicine Residents' education throughout the 3 years of his/her residency. The educational purpose is to attain management skills of healthy and ill patients. These patients will range in age from adolescent to the elderly. The resident should develop expertise in preventive health, which is age and gender specific. The teaching method will be patient based with modules covering a specific outpatient topic each one half day clinic session.

II. Purpose and Goals

The purpose of the Internal Medicine Continuity Clinic is to provide high quality, compassionate care to outpatients while providing an outstanding education experience for residents and students. By the end of the first year of the rotation residents should be able to perform focused history and physical exams for common ambulatory complaints, counsel patients regarding preventive care, formulate management plans for common acute and chronic disease processes, and use the electronic health record effectively to document and manage patient care. In the second and third year residents should be expanding their knowledge in these areas and should be able to formulate management plans for patients with complex, multiple diseases. They should be familiar with the system resources and be able to effectively manage the patients' care using these resources. Effective communication with primary care physicians, consultants or referring physicians will be expected. . All service activities will be in accordance with the ACGME Residency Committee Essential Requirements for Internal Medicine Residency training programs, policies and procedures of MCHS, and the University of North Dakota (UND).

III. Organization

The clinic will be in ½ day sessions:

A.M. – 8:30 – 12:00 noon

P.M. – 1:00 – 4:30 p.m.

The residents will be assigned to a ½ day each. An attempt will be made to have a resident represent each year of training. A faculty member will be present to supervise each ½ day session and to coordinate didactic rounds. During this time, the faculty member will have no personal patients scheduled and no other responsibilities except for supervising residents. The attending physician for this service will be from the Department of Internal Medicine at MeritCare.

IV. Source of Patients

We anticipate patients will be scheduled into this clinic from the inpatient teaching service after hospital discharge. Residents will schedule appropriate patients into their own clinics. Patients needing primary care may be self-referred or referred from the walk-in clinic, emergency room

and subspecialists. We anticipate area physicians will refer patients needing special internal medicine expertise.

V. Schedule

The schedules will be built in 20-minute blocks, with 20 minutes for a return visit and 40 minutes for a new patient visit. In the first 2 months of the first year all appointments will be 40 to 60 minutes.

Typically, an R-1 will see up to 4 patients per half-day session. R-2 and R-3 residents will see 4-8 patients per half day session.

If openings are available in the schedule, walk-ins may be accommodated.

We anticipate that the resident will develop a practice and be responsible for the patients in their practice. If a patient needs to be seen *urgently*, we anticipate that residents will see them *urgently* in this clinic, even though it may not be the residents scheduled clinic day. If a resident is unavailable to see his/her patient, arrangements will be made for the patient to be seen by another resident in this clinic.

VI. Procedure

The patient will register upon arrival with our receptionist. The clinic nurse will escort the patient to the exam room, take a directed history, vital signs and record medications.

The resident will briefly review the patients MeritCare record and any outside information that the patient may have brought with them. The resident will interview and examine the patient and formulate an assessment and plan.

The resident will be responsible for ordering appropriate laboratory or radiology tests and also determine the need for other consultations.

If at any point, the resident feels he/she needs assistance from the attending faculty, the faculty member will be available. Prior to the patient leaving the department, the patient needs to be presented to the attending physician. All patients seen by R-1's in the first six months of outpatient clinic, as well as all E+M 4+5 preventative care patients, need to be seen by the attending physician. The patient encounter is to be entered into Centricity or dictated (***please make note of who your attending is in the dictation***) and should follow department policy. This will include pertinent history, physical examination, medical decision making, and justification for all tests ordered.

All progress notes are to be ***legible, signed, dated and timed*** Medication lists and problem lists are to be updated at each visit. A medication handout will be give to each patient at each visit. Concluding the visit, the patient will take their chart, laboratory requests, and x-ray request to our receptionist, as well as requests for return visits, where she will make all appropriate arrangements. The receptionist will also record the studies requested for our record keeping.

All laboratory and radiologic examinations must be communicated to the patient. Even if the tests are normal, the patient must be notified. This may be done by a phone call or by letter. The letter needs to be documented in Centricity either by dictating a letter or using the standard letters

available in Centricity. If the results are given by phone there should be documentation in the form of a phone note. If they are given during an office visit please document that as part of the office visit documentation.

Please note that phone calls and questions from your patients and families will be routed to you. It is your responsibility to return phone calls to patients and families. Clinic staff will help you coordinate this. Every time you have telephone contact with a patient please do a phone note in the chart documenting what the telephone contact was about and what advice was given.

Clinic cancellation is arranged at least six weeks in advance. If not, other arrangements are your professional responsibility. A written request form is necessary. The appropriate request form is available for the residency office.

VII. Skills to be Learned During this Rotation

Suture Removal	Arthrocentesis
Incision/drainage of local infection	Selected joint and soft tissue injection
To gain expertise in Pelvic Exam including Wet prep-examination	To gain expertise in Breast Exam Microscopic Urinalysis

VIII. Evaluations

The Attending Physician will evaluate each resident on a quarterly basis. The ABIM components of clinical competence, including professionalism, are evaluated continually. There is sufficient and ongoing interaction between the resident and attending for a fair evaluation to be made.

IX. Education Resources

There is a conference room located in the clinic that has computers available for the residents' use, containing MedLine and other appropriate reference material. There is a computer and printer in each patient room. Teaching modules will be assigned and the assignments will be emailed to the residents.

X. Support Staff

Support staff include a medical director, a receptionist who will register patients and schedule labs, x-rays and appointments and an LPN and 1 RN who will process patients, screen laboratory results and reports as they return, triage telephone calls from patients and daily patient activity.