



NCC Pediatrics Continuity Clinic Curriculum: **Welcome to Continuity Clinic!** *Faculty Guide*

Goal:

To understand the format of the NCC Pediatrics Continuity Clinic.

Objectives:

Upon completion of this module, the pediatric residents will:

1) Know their assigned continuity clinic groups and preceptors.

- For resident groups, see:
<http://www.nccpeds.com/2011-2012%20Continuity%20Clinics.xls>
- Preceptor assignment, as follows:
 - Mon: Anderson, Serwer, Gordon, Merker/Pitchford, Gorman
 - Tues: Foxx, Powell, Stokes, Vogt
 - Wed: Hepps, Higginson, Labow
 - Thurs: Cooper, Hawley, Kimball-Eayrs
 - Fri: Carr, Coll, Lopreiato, Melzer

2) Know where to find the updated continuity clinic schedule and how to make changes to this schedule, if necessary.

- Continuity schedule posted on chief's corner:
<http://www.nccpeds.com/CC%20thru%20Block%202.doc>
- Email the Chief Resident, Ms. Browne, & Ms. Starks with any **last-minute changes**. (This "policy" will change as the clinic merge becomes complete and admin staff responsibilities change. Dr. K-E will update us with the new policy.)
- Please remind the residents that **last-minute changes are generally discouraged**, as this often requires rescheduling and inconveniencing patients, as well as fellow residents and staff. It is the residents' responsibility to notify Candice ahead of time of any potential conflicts with their continuity clinics, and to double-check the schedule to ensure that they are not post-call, on leave, or otherwise unable to attend a scheduled clinic.
- Please also remind the residents that they should **look ahead in AHLTA** to confirm that they are booked (or not booked) for patients at the appropriate times.

3) Understand how the AM & PM continuity clinics function, including the rules for precepting and co-signing of notes.

- This will be the first year that the residents will do **AM & PM continuity clinics**. In general, residents on inpatient or off-site services will have PM continuity clinics; whereas, residents on electives or clinic will have AM continuity clinics. The assigned continuity days (i.e. Monday, Tuesday, etc.) will generally remain constant.
- AM & PM clinic residents will meet at **12:15** in the continuity-clinic conference room for group discussion of the module-of-the-week. Please emphasize to residents the importance of being on-time for these meetings. Tardiness will be less tolerated, particularly after August when we are all in one hospital.
- In general, **interns must have ALL their encounters precepted**. 2nd and 3rd year residents may see patients independently **at the discretion of individual preceptors** (i.e. it is the preceptor's prerogative if he/she wants to precept certain or all residents, regardless of their class-year.)
- If a patient encounter is precepted, it should be co-signed. Please explain to the interns how to send a note for a co-signature.

4) Know where to find the continuity clinic modules and appreciate the importance of reading the modules in advance.

- Continuity modules are located on the NCCPeds website:
<http://www.nccpeds.com/continuity.htm>
- The “answer keys” will be located on the website under Faculty→Continuity Curriculum.
- Please let the residents know that there will be **on-going revisions** of the continuity modules this year in order to make them more up-to-date and uniform. They may participate in these revisions and/or additions to the curriculum by contacting Dr. Hepps.
- Please forecast for residents the **general outline** of the continuity modules. The Fall Modules are “Gen Peds 101”—health maintenance, nutrition, behavior, development, adolescent health maintenance. The Spring Modules are a potpourri of more specialized Gen Peds topics (e.g. hypertension, constipation, murmurs, sore throat, diabetes, asthma).
- Let the residents also know that several continuity modules will be devoted to a group **Process Improvement (PI) Project**, which will ultimately be presented in front of the entire department at the end of the year.

5) Know how to recruit patients to their continuity panels, how to maintain their own descriptive patient lists, and how to make official additions to their PCM enrollment lists.

- Encourage senior residents to share with interns their **methods for recruiting patients** (e.g. asking new families in the MICC or nursery; asking families of children with chronic diseases on the Ward; asking families who come in for “random” school physicals at the beginning of the year).

- Encourage interns to order their own **business cards** (Candice should be able to help with this process. Options are www.vistaprint.com and www.overnightprints.com).
- Refer to page 1 of the resident module for a real (but de-identified) example of a **“descriptive” patient list**. Emphasize to residents that keeping such a list is important for various reasons—for example, to maintain contact information for patients who may need regular phone or email follow-ups, and to keep track individually of which diagnoses/ conditions they have experience managing.
- Ask senior residents to reflect upon which “diagnoses” they have a lot of experience managing and which “diagnoses” they may need more experience with, based upon their continuity panels (e.g. Asthma? Diabetes? ADHD? Well-baby? Adolescents? NICU f/u?)
- For now, **official additions** to the continuity panels can be made by e-mailing Candice, who will send resident lists to Mr. Leon Johnson, who ultimately manages the PCM enrollment for Peds. (When our new Residency Program Coordinator Theresa Kiefer is fully oriented, she may take-over this administrative duty).

6) Appreciate the importance of the “longitudinal patient experience”, through managing interesting and sometimes challenging continuity patients.

- Conclude this session by asking senior residents to **reflect upon interesting and challenging patients** they have followed throughout their residency thus far. Staff may also contribute rewarding experiences they have had by following certain patients throughout their careers.
- Encourage interns to foster and develop these patient-parent-doctor relationships, as this is where the “real learning” in residency occurs.

Pre-Meeting Preparation:

Please review the following enclosures:

- Medical Home article
- Example of PCM enrollment list