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

Goals & Objectives:

To understand the format of the NCC Pediatrics Continuity Clinic.

- Learn the "who, what, where, when, and how" of the continuity clinic schedule.
- Appreciate the resident role as a PCM and how to maintain a continuity patient panel.

Pre-Meeting Preparation:

Please review the following enclosures:

- "ACGME Goals for Continuity Clinic"
- "The Role of the PCM in The Medical Home"
- Organization for WR-B Medical Home Teams/LPN Assignments
- Continuity Clinic Day Assignments
- Example of PCM enrollment list
- "Welcome to Continuity Quiz": Senior Residents should complete

Conference Agenda:

- **Continuity Clinic Scavenger Hunt:** *(20 min exercise)*
  - Divide into 3 groups, ideally with a mix of interns and residents.
  - Each group will receive a list with 5 clues to people, places, or items in the clinic.
  - Give residents 10 min to decipher the clues and find them in clinic. One resident per group should take a picture of the person, place, or item with his Smartphone.
  - Regroup in the continuity room, and take 10 min to review the items and their clinic locations for each of the groups' lists. Tally up the points.
- **"Welcome to Continuity Quiz":** *(20 min exercise)*
  - Go around and have senior residents help answer each of the Quiz questions
  - Encourage interns and residents to review the Faculty Answer Key after clinic.

Bonus Information:

- Review clinic standard operating procedures (SOPs), located in the ShareDrive:
  Services→ Primary Care→ Medical Home SOPs

ACGME-Based Goals for the Continuity Clinic Experience

(From the 2011 APA Manual for Pediatric Continuity Clinic Directors)

A. Develop insight into the longitudinal health care needs of children from birth through adolescence, including an understanding of normal/abnormal growth and behavior and development in well children as well as those with chronic disease. (Competencies: Medical Knowledge, Practice Based Learning and Improvement)

B. Provide effective health promotion and disease prevention, including age-appropriate health maintenance screening, timely immunization administration, anticipatory guidance and related aspects of well child care. (Competencies: Patient Care, Medical Knowledge and Interpersonal and Communication Skills)

C. Manage children with chronic medical conditions, providing family and patient-centered care coordinated within the practice and in conjunction with multidisciplinary providers and community resources (Competencies: Patient Care, Medical Knowledge and Interpersonal and Communication Skills, Systems Based Practice)

D. Acquire practice management skills including a basic understanding about how a particular primary care setting is organized, how to evaluate patients in an appropriately organized yet cost-efficient manner, and ways to advocate for children and families within this setting. (Competency: Systems-Based Practice)

E. Develop skills in self-assessment, self-directed learning, and carrying out quality improvement strategies for one's clinical practice. (Competencies: Practice-Based Learning and Improvement)

F. Manifest a commitment to carrying-out responsibilities related to the provision of coordinated, longitudinal care; adherence to ethical principles; and sensitivity to a diverse patient population. (Competency: Professionalism)

The Role of the PCM in the Medical Home

A. The Role of the PCM in the Medical Home

The concept of a "medical home" means that a patient has one medical provider that coordinates comprehensive care to meet all of the patient's health care needs. Ideally, this team will include the PCM, the support staff (such as nurses and reception staff), and subspecialists.

The **role of the PCM in the medical home model** can include:

- Conducting well visits and immunizations
- Managing episodes of acute illness
- Serving as a contact for administrative needs, including medication refills, school forms and correspondence, health care agency requests, and referrals
- Acting as a medication guardian, providing an additional barrier of safety in monitoring for medication interactions and efficacy of medications.
- Coordinating a team of providers for primary and subspecialty care
- Providing emotional support and medical guidance
- Acting as a patient advocate
- Developing a dialogue with the family about goals and advance directives
- Formulating emergency plans with the family

Which of these roles have you played as a continuity provider?

B. Facilitating Effective Communication within the Medical Home

The better the communication regarding a patient's care, the more smoothly that patient's care will be carried out. Good communication prevents errors, improves compliance, protects the patient as well as the provider, saves time and money, and prevents emotional frustration. Good communication can also prepare families for procedures, consultations, transitions in care, and changes in health status. Quality pediatric care requires communication on many levels:

- We must communicate clearly with the *patient and family*.
- We must teach the patient and family to communicate effectively with *other medical personnel*.
- We must communicate with *other providers* about the patient's needs.

How well have you communicated with and about your patients?

1. **Tips on communication between PCM and family:**
   - Encourage family to enroll in Relay Health to communicate with you
   - Write things down for the family, using the clinic discharge sheet. Be simple in your language.
   - Limit yourself to three or four important points or instructions at a time
   - Ask the patient to repeat complicated information to ensure understanding.
   - Families can sometimes experience denial regarding painful or frightening information, and you may find yourself repeating information over and over again. Recognize that this can be part of the family's process of grieving or acceptance, and that it is an important part of caring for the family. Be patient.
   - With any acute issue, communicate clearly about what you expect to happen, and what you want the family to do if things are getting worse.
   - Wrap up your encounters with the question: "Is there anything you wanted to discuss that we haven't talked about yet?"

2. **Tips on communication between the family and other providers:**
   - Consider helping the family prepare a medical summary.
   - Prepare families for consultations by reviewing the reason for the consult and discussing what the family can expect from the specialist.
   - Help the family prepare written emergency plans (like allergy/asthma action plans) for the patient.
   - Help the family get medical alert bracelets or medication cards for the patient.

3. **Tips on communication with other providers:**
   a. **For short-term follow-ups (i.e. going on leave; being on a remote rotation)**
      - Whether in person or via Email or phone, be clear in the kind of help you are asking for, and be as concrete in your expectations as you can.
      - Face-to-face introductions are best if possible. If an acute issue is being followed up, it's very helpful for assisting providers to see what things look like now so they have a baseline for comparison later on.
      - T-cons and medical notes should have enough information that another provider would understand what to do if the patient returned for follow-up.

   b. **For long-term patient handoffs (i.e. graduating, GMO tour):**
      - Face-to-face introductions are optimal, as is a meet-and-greet appointment with old & new provider present. Do this a few months before you leave so you are available for any questions from the patient or the new provider.
      - Clearly communicate with a written summary and open communication about any questions the new provider has. Provide ongoing contact information so that you can be reached with questions after you leave.

GO TO HUDDLE!

Organization of WR-B Pediatric Medical Home TEAMS

Updated 5/28/2018

Green Team (Grouch)

Team Leader: Wanda Foxx

Staff
Foxx, Carr, Eigner, James, Richards, Adams

Residents
Borruso, Dickhaus, Ledgerwood, Arora, Schneider, Guentert, Mauro, McFadden, Patterson, S. Thompson, Hidirsah

Visiting Providers Longacre, Livezey, Hepps, Boetig, Schwartz

Extender Staff
Bascietto, Kroeker

Registered Nurses
C. Draughn, S Casso,

Admin Staff
A. Bates, L. Starks, E. Terrell

LPN's and Enlisted Staff
S. Miriti, E. Mason, P. Vaughn, HN Uche, HN Lane, HR Nahlik

Blue Team (Cookie Monster)

Team Leader: Amy Wells

Staff
Wells, Cooper, Hawley, McConnell, Bing, Childers, Baunchalk

Residents Carter, Gulledge
Schier, Rowe, Packett, Keller, Brooks, Urbina, Nguyen, Cirks, Haberkorn, Vereen

Visiting Providers
Teneza, Gehring, Brewinski-Isaacs, Labow, Foster, Seide,

Extender staff
Whitley, Terminiello, Casolari

Registered Nurses
M Sugar , L. Wandji

Admin Staff
R Sambajon, A Jones

LPNs and Enlisted Staff
L. Ogbonna,, L. Wright, M. Talmadge, HA Arizmendibeltran

Red Team (Elmo)

Team Leader: Liz Simmons

Staff
Thompson, Dunn, Engelhardt, Lipton, Kimball-Eayrs, Simmons

Residents Miller-Jaster, Salgado, Carlson
Patel, Chikezie-Darron, Eonta, Park, Salzman, Folker, Bloomfield, Ahmed

Visiting Providers
Reed, Yu, Wong, Lopreiato, Bartholow

Extender staff
Elmore

Registered Nurses
M. Doria, M Alayabeyoglu

Admin Staff
E. Lingat, K. Brown

LPNs and Enlisted Staff
S. Eli, M. Hesham, S. Boers, E. Douglas, HN Nazareno , SPC Bertz

WALTER REED NATIONAL MILITARY MEDICAL CENTER PEDIATRICS CONTINUITY CLINIC: 2018-2019

	Monday	Tuesday	Wednesday	Thursday	Friday
PGY1	Eonta	Brooks	Chikezie	Borruso	Rowe
	Schier	Dickhaus	Keller	Patel	Park
		Ledgerwood		Packett	
PGY2	Salzman	Nguyen	Arora	Cirks	Schneider
	Urbina	Folker	Guentert		Bloomfield
		Laguarda			Yingst
				Carlson	
PGY3	Patterson	McFadden	Ahmed	Thompson	Hidirsah
	Haberkorn		Salgado	Miller-Jaster	Vereen
Total	6	7	6	7	7

RED	Ahmed, Miller-Jaster, Carslon, Salgado, Salzman, Bloomfield, Folker, Eonta, Chikezie-Darron, Patel, Park (total 11)
BLUE	Haberkorn, Vereen, Nguyen, Cirks, Urbina, Yingst, Brooks, Schier, Keller, Rowe, Packett (total 11)
GREEN	Thompson, Hidirsah, McFadden, Patterson, Arora, Laguarda, Schneider, Guentert, Dickhaus, Borruso, Ledgerwood (total 11)

"Welcome to Continuity" Quiz

1) What is your assigned continuity clinic group and preceptors?

- Review enclosed table. **Resident** groups may also be found shortly at: www.nccpeds.com → Chief's Corner → Continuity Day Assignments 2018-2019
- **Preceptor** assignment, as follows *(Additional Gen Peds Staff will join as they arrive)*:
  - Mon: Foxx, Dunn, McConnell
  - Tues: James, Hawley, Engelhardt
  - Wed: Simmons, Wells, Richards
  - Thurs:Kimball-Eayrs, Eigner, Cooper
  - Fri: Carr, Lipton, Lopreiato
- Explain that, although these are the "assigned" days, residents **may often be scheduled for continuity on a different day** depending on the requirements of their current rotation. The purpose of having an assigned group is to, overall, have a consistent cohort of fellow resident-learners and staff preceptors.

2) What is your assigned Medical Home Team, preceptors, and support staff?

- Review enclosed Organization Chart for **Green, Blue, and Red Teams**.
- Explain that the Continuity Groups (M, Tu, Wed, Th, Fri) were designed to include residents and staff from EACH of the Medical Home Teams. Therefore, **patients assigned to a specific PCMH can be seen by a team-provider ANY day of the week**.
- Residents do NOT have to *only* precept with a staff from their Medical Home Team; although, this may be desired if the patient is someone that a team-preceptor knows well (*see further precepting guidance below).*
- Explain that each Medical Home Team has assigned **administrative and nursing support staff** *(the role of the support staff in the PCMH will be discussed further in Medical Home Module 1)*

3) Where do you find the updated continuity clinic schedule? How do you make changes to this schedule, if necessary?

- Posted in **Pediatrics ShareFolder** → Services → Primary Care → Gen Peds Schedules
- **Email the Chief Resident** with any corrections or changes that need to be made to the schedule. He/she will review the request and forward to LT James, who will then forward to the clinic schedulers, if appropriate.
- Remind the residents that **last-minute changes are discouraged**, as this requires rescheduling and inconveniencing patients, as well as fellow residents and staff.
- It is the residents' responsibility to notify Liz Carter *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.

4) **How many continuity clinics do you need to have throughout the year? What is the avg number of patients needed to meet ACGME requirements?**

- Residents need ~**36 hgme in alf-day continuity clinics/yr** (See "longitudinal outpt experience," page 22-23 Program Requirements for GME in Pediatrics).
- Average numbers of patients per day are **5, 4, and 3** for PGY3, PGY2, and PGY1s. Residents will review their numbers quarterly with their Advisors.
- Because of this patient volume requirement, please 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. If they are not filling their clinics, residents should let Liz Carter know so she and the Medical Home Team Leaders can help fix the problem.

5) **When will you have an AM vs. PM continuity clinic assignment each week?**

- 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.
- Residents in AM Continuity Clinic should attend team huddle from **0850-0900**
- AM & PM clinic residents will meet at **1215** in the continuity conference room for discussion of the module-of-the-week. Please emphasize to residents the importance of **being on-time** for these meetings. If they foresee a need to be late (e.g. important procedure in the NICU, complicated 1130 clinic patient), notify your preceptors.

6) **When should you have a patient precepted? When should you have an encounter note co-signed?**

- **ALL** notes must be co-signed by a staff preceptor within 72 hours of encounter.
- Interns: Must have **ALL their encounters precepted** *at the time of the encounter* (i.e. before the patient leaves the room!). Expect the preceptors to go into the room with you after you discuss the patient and conduct their own directed H&P, as well as assist with your review of the A&P.
    - ***Make sure the interns know how to send a note for co-signature!***
- PGY 2&3: May **run their entire list at the end of the half-day**. Upper-level residents are encouraged to precept *at the time of the encounter* for any patients about whom they have questions or concerns. If you are bringing a patient to the treatment room for an acute procedure or considering admission, a preceptor should be made aware.
- Each preceptor may have his/her preferred **style for oral presentations**. Err on the side of a formal "HPI/ROS, PMHx, Meds/Allergies, SocHx, FamHx, PE, A&P" format. Encourage residents to ask for "feed forward" and **feedback** on their presentation styles.

7) **Where can you find the continuity clinic modules? Should you read and complete the modules in advance?**

- Continuity modules are located here: http://www.nccpeds.com/continuity.htm. Please read ahead of time and complete the Module Quiz and Cases. If you haven't properly prepared, you will be unable to actively partcipate in discussion.
- Please contact Dr. Carr if you have recommendations for further modifications or new topics. Developing a continuity module *may* count as *part* of a Teaching Elective, Scholarly Project, or longitudinal ARM project.
- The **"answer keys"** are located on the website under Faculty→Continuity Curriculum. *Encourage residents to review them after the clinic, as some quiz questions, cases, or board review questions may not have been covered during the meeting.*
- Forecast for residents the **general outline** of the continuity modules. The Fall Modules are "Gen Peds 101"—health maintenance, nutrition, behavior, development, adolescent. The Spring Modules are a potpourri of more specialized Gen Peds topics. We **cycle the spring topics**, so there should not be too much repetition for upper-levels.

8) How do you recruit patients to your continuity panels? How do you make official additions to your PCM enrollment list?

- 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).
- Check that interns have ordered their own **business cards** (This was reviewed during orientation. Two options are www.vistaprint.com and www.overnightprints.com).
- **Official additions** to the continuity panels can be made by using the PCM Change Form. Another option is to e-mail Dr. Carr, who will send collated resident lists to **Ms. Joi Bowling or Mr. Rondell Terrell**, who manage the Peds PCM enrollment. Under a medical home model, the "bottom line" is *how many patients are seen by their assigned PCM* and *how many by a provider from their medical home team*.

9) What do Process Improvement (PI) projects have to do with the PCMH?Is it true that you can earn MOC credit for your residency PI projects?!

- Goal E of the **ACGME Continuity Clinic Goals** emphasizes the importance of **"**carrying out quality improvement strategies for one's clinical practice". In addition, conducting PI projects is integral to achieving and maintaining **NCQA PCMH recognition** (*to be discussed in Medical Home Module 1)*. Finally, participating in a PCMH PI project can earn you **Maintenance of Certification** points after you are board certified! *(See here for further details: https://www.abp.org/content/how-to-earn-credit)*
- To achieve these goals, you and your medical home team *(not your Continuity Day Group!)* will develop and execute Process Improvement (PI) Projects.
- The plan is to continue using the monthly Medical Home Team Meetings during morning report time (1st Tuesday of each month) to develop and execute your PI projects.
- ***Briefly review your group's PI topic from last year for the interns.***

Continuity Clinic Scavenger Hunt

Clue	Answer
Group 1	
1. The mother of your 3do early-follow-up passes out in the vital signs room and is unresponsive. How do you respond?	**Code Cart**
2. You have a 17 year-old sexually active female patient with vaginal discharge. Your continuity preceptors are occupied. Where can you go for precepting?	**Adolescent Clinic** (Drs. Roach, Olson, Saxena)
3. Your 11 yo school physical patient needs immunizations, a school absence note, and a reminder for subspecialty consults and medication refills. How can you provide this?	**File folders in every clinic room** (Review paperwork; nurses should stock nightly)
4. Your 9 yo patient has sore throat, enlarged erythematous tonsils with exudates, and anterior cervical lymphadenopathy. How do you confirm your working diagnosis?	**Strep Test** (in lab; be sure to notate results in the book)
5. Who is your Team Leader/Nurse/Admin? Where is your team office?	**Answers will vary** (check the wall)
Group 2	
1. You have a 16 yo lacrosse player who presents with knee pain and instability s/p twisting injury during practice. Unfortunately, she is wearing skinny jeans. What to do?	**Clean linen/gowns cart** (between Resident Resource Room and Continuity Clinic Room in back hallway)
2. You are seeing a 3yo with 3 days of diarrhea, emesis, and poor PO. You suspect acute gastroenteritis and want to give Zofran ODT prior to a PO trial. Where do you go?	**Pyxis** (in practice, most residents will leave order outside treatment room for nurses)
3. You obtain an EKG on a newborn with a murmur. How can you make sure that it makes it into your AHLTA note?	**HAIMS box in each team office** (Should also put copy in EKG folder in Cards Clinic)
4. Your 1530 is a former 24 wkr with CLD on home O2 and G-tube dependent on special formula who just PCS'd from Okinawa. Where do you go to coordinate home healthcare?	**Case Manager** (Ms. Coleman)
5. Who is your Team Leader/Nurse/Admin?	**Answers will vary** (check the wall)
Group 3	
1. Your 5do early MICC f/u has lost 12% of her birthweight, and mother reports that breastfeeding is going poorly. She requests lactation support. Where do you send the family?	**Lactation Room** *(Big Bird Hallway)* (Ms. Patti Bascietto is our Clinic IBCLC)
2. You would like to change your 8 yo patient to you as the PCM, as well as evaluate for ADHD, and give some anticipatory guidance. What resources can you use and where do you find them?	**PCM Change Form, Vanderbilt, Bright Futures** (look in exam room drawer)
3. Your 4yo patient with moderate persistent asthma presents with increased WOB and pulse-ox of 89% on RA. Where do you take the patient?	**Treatment room** (main one in Elmo Hallway; also near Resident Resource Room)
4. Your 6yo female patient with h/o recurrent UTI's and Grade I reflux presents with dysuria. How do you evaluate?	**Urine dipstick** (in lab; notate FULL results in your AHLTA note – support staff will try and do this – double check)
5. Who is your Team Leader/Nurse/Admin	**Answers will vary** (check the wall)