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

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
- 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 1-3 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 their phone.
  - 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
- **Orient to Service** document (meant for clinic rotation, but contains useful information)
- **Resident Self-Assessment** and **Structured Clinical Observation Form**

ACGME-Based Goals for the Continuity Clinic Experience

(From the 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 the MHS Genesis Patient Portal to communicate with you
   - https://myaccess.dmdc.osd.mil/identitymanagement/app/login
   - 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?" (*Note this does not mean you need to "solve" the issue this visit. It alerts you to the fact that there are still unaddressed concerns and will influence timing of follow-up appointment.)
   - Ask for family and/or patient to provided read-back. For example "To make sure I have been clear and have not forgotten anything, can you tell me what the plan is?"

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.

CHECK YOUR SCHEDULES!
GO TO HUDDLE!

Organization of WR-B Pediatric Medical Home TEAMS

Updated 6/27/2025

Green Team (Oscar the Grouch)

Team Leader: Foxx

Staff
Carr, Cooper, Foxx, Hawley, Hoffner, Howell

Part time providers
Madison, Richards, Wido

Visiting Providers
Agathis, Bartholomew, Boetig, Hutter, Sayers, Seide, Trautmann

Registered Nurses
S. Casso

Admin Staff
S. Davis

LPNs
LPN Abadir, LPN Boudreaux, LPN Kim, LPN Ogbonna, LPN Vaughan

Blue Team (Cookie Monster)

Team Leaders: Carr, Martin

Residents
Bowling, Casey, Dahlquist, James, Kauffman-Brown, Mascitti, Morgis, Neal, Raymond, Rochford, Ali, Caswell, Doman, Kolade, Koury, Manno, Paulson, Perez, Scroggins, Smith, Spirnak, Yonko, Zhang, Crandall, Dullea, Harper, Hume-Dawson, Leoni, McQuillen, Morales, Robles-Vera, Ryan, Saporito, Yeh

Staff
Martin

Extender staff
Cleveland, Cowan

Registered Nurses
L. Happi

Admin Staff
L. Herbin

Enlisted Staff
HN Escobar, HN McQueen, HM3 Middleton, HM3 Montgomery, HN Morales, HN Schoonover,

Red Team (Elmo)

Team Leader: Simmons

Staff
Coskun, Lipton, Hirata, McGirt, Myles, Simmons

Part time providers
Hepps, Limjuco, Yu

Visiting Providers
Barrett, Cardemil, Fratantoni, Greenwald, Lopreiato, Meuer, Nguyen, Ruck, Vu

Extender staff
P. Anne

Registered Nurses
O. Akindele, M. Miranda

Admin Staff
R. Gozon

LPNs
LPN Naa Alabi-Ga, LPN Janga, LPN Anderson-PT, LPN Bautista-PT

Walter Way Call Center Team
RN Maxwell, RN Osilesi, HM2 Turney

Walter Reed Pediatric Residency Continuity Clinic Messaging Proxies AY 25-26

PGY Year	Monday	Tuesday	Wednesday	Thursday	Friday
PGY-1	Kathleen Crandall Camille Leoni	Paola Robles-Vera Brittany Hume-Dawson	Andrea Ryan Kaitlyn Yeh	Nicole Saporito Lianna Morales Harvey Harper	Elizabeth Dullea Paul McQuillen Daniel Rabe
PGY-2	MJ Spirnak Victoria Smith Melanie Yonko	Simal Ali Leanne Perez	Brenda Zhang Deborah Kolade Andrew Koury	Erin Scroggins Grace Manno	Keenan Caswell Jacquelin Doman
PGY-3	Anna Casey Genesis James	Karina Kauffman Brown Rebecca Morgis	Brandon Neal McKenzie Bowling	Anna Casey Daniel Rochford	Madeleine Minik-Mascitti Kayla Dahlquist
Attending	Cassie Carr Maura Cooper	Wanda Foxx Susan Hawley	David Myles	Janice McGirt Wendy Hoffner	Cassie Carr (am) Joe Lopreiato/ Cliff Yu (pm)

Guidelines

1. Each cohort will consist of the residents (PGY1-3s) and attendings assigned to each weekday (i.e., Monday cohort, Tuesday cohort, etc.)
2. Each cohort should assign each other as their proxies, as well as include the designated attendings.
3. Messages should be sent from nursing/admin to the appropriate resident, per the t-con workflow, along with the cohort's assigned attending. Any replies or actions for the message should have the assigned attending CC'ed.
4. When a resident member of the cohort is on leave, nights, TDY, or an extended rotation, that resident member should notify the cohort to answer messages in their absence. If members of the cohort are also unavailable, the resident member should identify a resident from a different assigned clinic day to answer messages while they are away.
5. Faculty members will be responsible for monitoring messaging and facilitating co-signature. If a message has a delayed response, the faculty member can remind the resident or the cohort to answer. If the resident member or the cohort is unavailable, the message can be sent to the clinic senior (if available) or should be addressed by the faculty member.
6. It is the responsibility of the resident to ensure that once the appropriate action is taken for a message, that the message is removed from their inbox.

PCMH MESSAGE CENTER/PAPERWORK FLOW

Additional Considerations

- If clinical decision-making is being asked (i.e. new medication or diagnosis), this should be addressed as a virtual/in-person encounter.
- Resident messages
  - Should include their cohort's designated staff for co-signature.
  - Resident paperwork/messages are overseen by the continuity cohort/clinic PGY-3 and only completed personally by the PGY-3 if necessary (i.e., provider is unavailable due to leave or an away rotation).
- EFMP paperwork
  - Should be completed during an appointment (in-person or virtual) by a provider that knows them best. If the paperwork is needed urgently, offer the next available virtual appointment. If any edits are needed to EFMP paperwork completed in a prior appointment, the paperwork should go to that provider. If unable to complete it promptly, this should be sent to the triage provider.

"Welcome to Continuity" Quiz

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

2) **What time does Continuity Clinic Conference start? How do you track your conference attendance? Where can you find the continuity clinic modules? Should you read and complete the modules in advance?**

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

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

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

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

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

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

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?!**

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?	
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?	
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?	
4. Your 9 yo patient has sore throat, enlarged erythematous tonsils with exudates, and anterior cervical lymphadenopathy. How do you confirm your working diagnosis?	
5. Who is your Team Leader/Nurse/Admin? Where is your team office?	
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?	
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?	
3. You obtain an EKG on a newborn with a murmur. How can you make sure that it makes it into your AHLTA note?	
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?	
5. Who is your Team Leader/Nurse/Admin?	
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?	
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?	
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?	
4. Your 6yo female patient with h/o recurrent UTI's and Grade I reflux presents with dysuria. How do you evaluate?	
5. Who is your Team Leader/Nurse/Admin	