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

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 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 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?**

- Review enclosed table. **Resident** groups may also be found at: www.nccpeds.com → Chief's Corner → Continuity Day Assignments 2025-2026
- **Preceptor** assignment, as follows:
    - Mon: Carr, Cooper
    - Tues: Foxx, Hawley
    - Wed: Myles
    - Thurs: McGirt, Hoffner
    - Fri: Carr, Lopreiato, Yu

      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 time does Continuity Clinic Conference start? Where can you find the continuity clinic modules? Should you read and complete the modules in advance?**

-- Conference starts at **1215**. You will need to log your attendance in the binder on the table.

-- Modules are located here:http://www.nccpeds.com/resident-continuity-curriculum. Please read ahead of time and complete the Module Quiz and Cases. If you haven't properly prepared, you will be unable to actively participate 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.

-- 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.

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

- Review enclosed Organization Chart for **Green, Blue, and Red Teams**.
- Explain that all residents are assigned to Blue Team. Therefore, **patients assigned Blue Team PCMH can be seen by a resident-provider ANY day of the week**.
- Residents may precept with any staff assigned to precepting. Precepting with a specific preceptor may be desired if the patient is someone that staff preceptor knows well (*see further precepting guidance below).*

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 half-day continuity clinics/yr** (See "longitudinal outpt experience," bottom of page 35 Program Requirements for GME in Pediatrics).
- Average numbers of patients per half-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 MHS Genesis** to confirm that they are booked (or at least templated) for patients at the appropriate times. If they are not filling their clinics, residents should let the Medical Home Team Leaders (Dr. Martin and Dr. Carr) know so they 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.** In addition, if you are on PM clinic and able to attend morning huddle, please do.
- 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** encounters must have 'charges dropped' (coding ordered) before midnight following the encounter. All notes must be co-signed by a staff preceptor within 72 hours of encounter.
- Interns: Must have **ALL their encounters directly 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.

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).
- All residents should keep a set of **business cards** for their continuity clinic day. These cards list the names of every resident assigned to your continuity clinic day.
- **Official additions** to the continuity panels can be made by using the **PCM Change Form**. 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*. More continuity=better patient care.

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 and Joint Commission 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)*

- Residents will divide in to several PI groups early in the academic year and each resident will choose one of the projects, according to interest
- The 1st Tuesday morning report of each month is reserved for development and execution of 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. Saxena, Williams Ahmed)
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, how it gets restocked)
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** (We use PCR, but currently out, so send cx; be sure to notate results in the book)
5. Who is your Team Leader/Nurse/Admin? Where is your team office?	Team Leaders Ferraro and Carr, Team RN Happi, Team Admin Alyssa Gallishaw-Wiggins
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?	**Box in Blue Team office for items requiring scan to record or patient portal** (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 Managers** (Ms. Jeannette Melendez-Warren, Ms. Christiana Ibiebele)
5. Who is your Team Leader/Nurse/Admin?	Team Leaders Ferraro and Carr, Team RN Happi, Team Admin Alyssa Gallishaw-Wiggins
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. Priscilla is our Clinic IBCLC, on maternity leave soon). Can enter lactation referal under mother, defer to network
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 Genesis note – support staff will try and do this – double check)
5. Who is your Team Leader/Nurse/Admin	Team Leaders Ferraro and Carr, Team RN Happi, Team Admin Alyssa Gallishaw-Wiggins