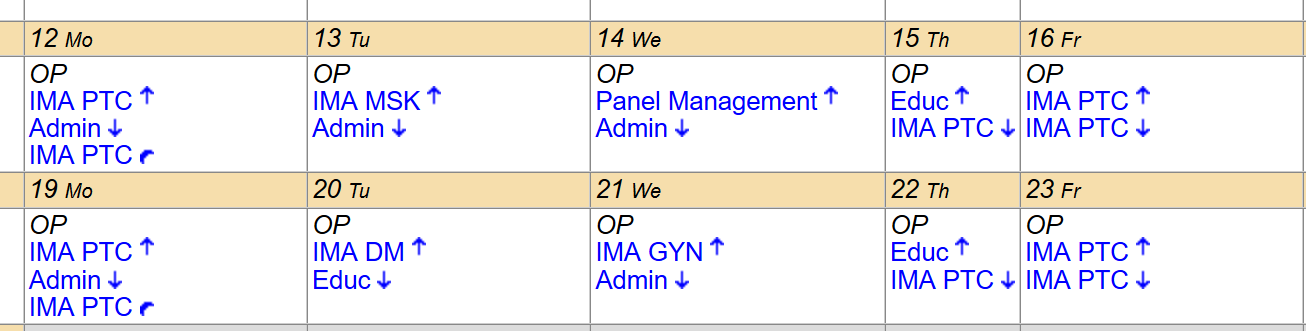
**INTRODUCTION TO IMA CLINIC**

WHEN YOU HAVE QUESTIONS/CONCERNS/ISSUES:

1. You should always discuss them with your team preceptors, especially if they are clinical issues (or administrative work related to patients or patient care).
2. You should reach out to Andy Coyle (the Associate Program Director for Ambulatory Care for the residency program) for ANY issues, big or small – clinical issues, administrative issues, educational issues, etc. If you are having issues, we have a system set up to help you so PLEASE ASK!
3. Use the chief residents as a resource! They all had continuity clinic at IMA as residents so know the clinic and workflow well.

**SCHEDULE**



IMA PTC: continuity clinic for primary care

You can see your exact template for appointments on the IMA App (under the Docs section)

Specialty IMA clinics:

* IMA MSK (musculoskeletal)
  + Dr. David Thomas and Mayce Mansour at 9:30 am on Tuesday mornings after Grand Rounds
  + For patients with <6 months of MSK problems who may need steroid injections
  + Can also send patients who need further MSK Evaluation (you are unsure of diagnosis or think patient needs more thorough counseling on treatment plan)
* IMA DM (diabetes)
  + Drs. Laurie Edelman and Kenny Fifer at 8:30am on Tuesday mornings (starts with didactics)
  + For patients with HgbA1C 8-12%; if >12% should be referred to endocrine
* IMA GYN (well women’s clinic)
  + Drs. Aparna Sarin and Rachel Solomon at 8:30am on Wednesday mornings (starts with didactics)

**FIRST DAY AT IMA**

* Where to go: 17 E 102nd St. 7th floor
  + East elevators take you to firms C&D
  + West elevators take you to firms A&B
  + Resident room is on 7, firm D in the back hallway (code 1-2-3)
* What to bring: white coat, stethoscope, penlight, business cards (they are in your Firm Precepting Room)

**SETTING UP EPIC**

* Choose your “context”- 17 East 102nd St IMA Firm X
* Click on “Schedule” (top left) → “My Schedule” (middle left) → folder with your name on it
* Add quick access tabs to the left: More Activities tab on bottom left corner → Menu Personalization → Click on the star, which will turn yellow
  + Recommended tabs to add to the left hand screen: medications, health maintenance, problem list, allergies, letters
* Use wide screen mode to allow you to see 2 screens at a time
* In general, to see who is in/manage your panel: EPIC (top left corner) → My Reports → Library → Search “My Patients For Whom I am PCP” (may take a few minutes to populate the first time) → star it as a favorite for faster access

**TEAM MEETINGS**

* Will meet Monday morning 8:30-9:30AM with your IMA team – preceptors, co-residents, social worker, and care coordinator – to review all patients scheduled for the week. You will also receive summary care gap statistics on your panel (more on this as the year progresses!)
* Goal is to help prepare for visits and proactively address any pertinent social determinants of health. Utilize your team’s social worker and care coordinator – if you are facing challenges in providing optimal care to your patients, ask for their help!
* This is also a good time to follow-up on any questions for your preceptors – lab results, mychart messages, or anything else that you are unsure how to address.

**WORK FLOW OF IMA**

* Team based meeting Monday mornings at 8:30am in your firm
* MA’s:
  + Scrub color: navy blue
  + Responsibilities: take vitals, coordinate rooms, draw labs, EKG’s, act as chaperone if needed, retinal exam, lead pre-clinic huddles
  + If they are busy and your patient is already here, go ahead and take vitals yourself, will help you not get behind
* Nurses:
  + Scrub colors: RNs - teal; LPNs - red
  + Responsibilities: administer vaccines, can do separate visits for BP, INR, A1c follow-up checks, can give in-clinic medications (nebulizer treatments, BP medications, etc.)
* When the patient arrives, the status column will change from “Scheduled” to “Waiting”. Waiting just means that they patient is physically here and is currently being checked in by the front desk. Once it says Arrived, the MA can then call the patient back for
* Once the patient has been Arrived, what do all the dots mean?
  + No Dot: Nothing has been done yet or patient not yet arrived
  + White: The patient has been called back by the MA for Vitals/Screening
  + Blue: Vitals have been done and patient is back in the Waiting Area
  + Green: Vitals have been done and patient is in your exam room
  + Black: YOU CHANGE TO BLACK after you are done with patient and you need post-visit tasks done by the MA/RN team (EKG, blood work, vaccines, etc.)
  + Red: YOU CHANGE TO RED after you are done with the patient if there is nothing needed from the MA/RN team. Alternatively, the MA/RN team will change the dot from black to red once they complete all assigned orders
  + Yellow: patient was called by MA but no response

**BEFORE THE VISIT**

* Pre-visit planning (learn about your patient the night before- saves time the next day!). You can pre-chart in EPIC.
* Huddle Notes: You can ask the MA’s to complete other tasks while vitalizing the patient by entering things into the “Same Day Huddle” field. Click on that on your schedule (should appear on the horizontal row of buttons). Things that may be helpful to consider: point-of-care testing (POCT) such as A1c or INR, urine collection (for UA, microalb/Cr ratios, urine toxicologies), etc.).

**STARTING THE VISIT**

* Once the patient has arrived, double click the patient name to open up the chart
  + Before they have arrived, you can only click “review” to see their chart
* Use Smart Text or dot-phrase to pre-populate the note in the right hand window pane
  + If a follow-up visit, can copy forward previous visit note (the symbol is a letter with a blue arrow)
* Go to “Rooming” tab, review and (importantly for writing orders later) click “Mark as Reviewed” for problem list, medications, & allergies
* For chief complaint type “scheduled” and select scheduled/established or scheduled/new
* If your patient is new and does not have a PCP already (will be listed up top)
  + Assign yourself and tell your patient that you are her/his PCP!
  + Give them your business card!
  + Explain that this is a resident run clinic so you will try to schedule the patient to see you, but for urgent issues they may see another clinician within your team.
* Clean up the med list under the “Medications” tab - if they are no longer taking, remove it!
* Clean up problem list: Click “SnapShot” on left side of screen, then problem list, right click and delete any problems that are no longer relevant, or file to medical history
* Update any HCM (Health Care Maintenance) tab on the left side of the EPIC screen
* Eyeball the BPAs (Best Practice Advisory) and either clear them or address them during your visit(s)
* Make sure patients are up to date on Flu shots (between Sept-March) & other vaccines
* Give health care proxy forms to patients over age 65 who do not have a HCP documented
* Language translation services through Pacific Interpreters:  1-800-264-1552; Access # 828099; you will need your life number when you call
* Hint: you don’t need (and shouldn’t try!) to address the patient’s every single issue at your visit, especially early on! Focus on 1-2 chief/urgent complaints per visit, bring patient back for short-term follow-up if patient has more issues

Visits will be coded as RETURN, URGENT, or NEW, but really I would think of 4 visit types:

**RETURN with PCP**: This is a return visit and you are the PCP. Full Visit.

**RETURN with TEAM**: Can do slightly more focused visit with plan to get patient back to their PCP.

**URGENT**: Address their urgent concern, arrange follow-up with PCP

**NEW**: Goal is to get ball rolling on their care. Do NOT feel like you need to accomplish everything in one visit.

Make sure visit type is on your schedule. Under your schedule right click on your name and click on properties. Under available columns, search for and add both: PCP (“This column displays the name and credentials of a patient’s current PCP”) and Type (“This column shows the patient’s visit type”). This way, you can figure which of the above visit “types” to do.

**PRECEPTING**

* Give the 1 liner, active issues by problem, physical exam, and tentative plan, including 1-2 health care maintenance issues per visit
* Preceptor will go in to see the patient with you for at least the first 6 months in clinic, after that, they will come in to see all new patients, and may also come in for more complicated patients (when you need help or back-up) or when there are teaching opportunities.

**ENDING THE VISIT**

* Always check patient’s phone number under Demographics tab at the end of your visit so that you can follow-up on test results with them - we are not able to edit the #, so include updated #s in your note, and can ask patient to update their #s with the front desk folks when they check out
* Put in all orders using the “Orders” bar at bottom of EPIC
* All medications should be e-prescribed to the patient’s pharmacy (double check with patient to make sure it is the correct pharmacy in EPIC, it not, please update)
* Go to the tab “Wrap Up “- use the dot phrase “.checkout” to pull up a template for post-visit planning
* Insert your clinic dates (.[LastName][TeamColor]) at the top to have the front desk schedule follow-up. Very useful to maintain good continuity with patients in clinic.
* Click the level of service (3 = simple visit, 4 = complicated & preceptor came into room)
* If the patient has a PCP who isn’t you, route your note to them.
* Fill in your preceptor name
* Print the “After Visit Summary” (should print in your room)

**REFERRALS:**

* FPA or Hospital Clinic Referrals:
  + Place appropriate referral in orders tab
  + The patient will be called within 24-48hr to schedule appt. About 1/3 of patients cannot be reached by schedulers. You can also give them the phone number using the .checkout dotphrase – ask them to call to schedule if they don’t hear from us.
* IMA clinic referrals: add to patient instructions, refer patient to front desk to schedule appointment after visit

**FOLLOWING UP WITH YOUR PATIENTS**

* You are responsible for calling back patients with any results for tests that YOU order
* Abnormal results should be discussed with the patient within 24-48 hour to make a follow-up plan
* Normal results should be communicated to patients within 2 weeks (by the end of your OP block) – can discuss on the phone, send Mychart messages, or send a letter.
* Can write quick ‘result note’ or open up a telephone encounter to document longer conversations or to make medication changes.

**UNDERSTANDING THE IN-BASKET**

* Results: here you will see any results that come back for patients who you are the PCP (you are responsible only for the tests that YOU ordered)
* Result Notes: you should write a result note to summarize the results and confirm that you followed up with the patient; route these notes to the preceptor who saw that patient with you
* Overdue Results: tests that you may have ordered for a patient that they are overdue on getting done, you can send a letter to remind the patient
* Staff Message: look out for messages from preceptors, social work, etc. regarding your patients
* Patient Rx Request and Patient Advice Request: these are mychart messages through the patient portal. Can refill meds or address patient questions/concerns.

**CONFERENCE ROOMS**

* CAM 4E D4-244. Take East Elevators to 4th floor, located in back corner
* CAM 7E D7-246: take East elevators to 7th floor, back of Firm D
* CAM 6W D6-148: take West elevators to 6th floor, located on back right corner

**OUTPATIENT EPIC TIPS & TRICKS**

* Dot Phrases/templates: Very useful to set up dot-phrases
  + Can make your own dot phrase for anything (IMA New Patient, IMA Follow Up, your clinic dates, etc.)
  + To create a dot phrase, click red EPIC button at top left, then “My SmartPhrases”
  + Label your unique dot phrases starting with your initials so you can easily search for them
* Supply prescriptions: To print a prescription for a specific supply that is not in EPIC, go to orders → type in “Lab Rx” and print the blank supply prescription, write in what you want the patient to get in the comments

**IMA POLICIES TO KNOW:**

* Chart Closure Policy: All charts must be closed within 48-72 hours of seeing patient.
* Lab Follow-Up Policy: Must view results within 24 hours, respond to abnormal results within 24-48 hours, and respond by the end of the OP block for normal results.
* Late Patient Policy: 20 minute grace period. If more than 20 minutes late, front desk will discuss with preceptor (who may have you see patient depending on reason for being late, urgency of medical issues, how busy you are, etc. OR may have the patient reschedule).

**Outpatient Logistics**

Day starts at 8:30 almost every day on OP (Monday AM Team meetings, Tues AM DOM Grand Rounds, Wed AM Clinic, Thurs AM DGIM Grand Rounds, Fri AM Clinic) and the day ends at 5PM except on your evening clinic day.

Education/didactics:

* To find your lecture schedule and room location, go to IMA app → Docs → Intern Ambulatory Lectures 2020-2021

OP-ELEC:

* Everyone will have one OP block per year that is an “OP-ELEC” – you will have a number of elective options that you can schedule through the residency office. These blocks are a split between an elective and regular OP clinic.
* You can schedule your elective through the residency office (as you would for your regular electives), and the options are limited to a number of outpatient- or radiology-focused electives. The other option (**and one we encourage if your OP-ELEC is later in the year)** is to do a research elective (All OP-ELEC blocks for PGY2/3s are automatically structured research electives).
* During your OP-ELEC block, in addition to your ELEC schedule you will need to:
  1. Attend all OP didactics (Tues PM and Thurs AM)
  2. See patients in clinic as per amion schedule (will have your usual evening clinics and 2 other half-days of clinic) – 4 total clinic session in the 2-week block
  3. Provide mailbox/phone call coverage for your horizontal team as you would on a usual OP block
* As you will have a mix of ELEC and OP responsibilities, we STRONGLY ADVISE you against doing an elective that block in something you think is your chosen field. You should use your other ELEC for that (as you can spend the entire block uninterrupted with that specialty and will be able to more effectively connect with mentors). Do something you think interesting and will help you clinically, but that you won’t feel guilty about having to leave the team/clinic to go to didactics or your own clinic.

**Continuity in Clinic**

So the reason anyone does primary care is to see their own patients and build that longitudinal relationship. So we want to make sure you are seeing your own patients as much as possible in clinic. Some suggestions for you:

* When you are seeing a patient for the first time, TELL THEM YOU ARE THEIR PCP! Tell them that they should always ask to see you in clinic.
* Use your continuity dotphrase in EPIC for every patient in the wrap-up section. This will help the front-desk schedule patients efficiently (for you and for your colleagues). Your dotphrase (which has all the dates you are in clinic for the year) is: .[LastName][TeamColor] so Anna Liang on team red is . LiangRed.
* Make sure patients leave with an appointment – can confirm in the wrap-up section before you close their chart. If you are concerned about a patient making the appointment, walk them to the front desk before you start seeing your next patient.
* If you are seeing a NEW patient, have them come back for short-term follow-up (either next block or the block after) – can help them identify you as their PCP.
* Utilize the front desk leads to help schedule patients of yours you need to see:
  + Firm A: Email “# IMAFrontDeskFirmA” to reach all Firm A front desk staff
  + Firm B: Email “# IMAFrontDeskFirmB” to reach all Firm B front desk staff
  + Firm C: Email “# IMAFrontDeskFirmC” to reach all Firm C front desk staff

**IMA Rescheduling Policy**

Due to the team-based structure and focus on continuity at IMA, we do not allow residents to cover one another outside of formal rescheduling requests. You can download the form from the chief’s website (https://sinaimedchief.wordpress.com) or from the google drive with OP didactic information. Alternatively, you can email Jesus Paulino for a copy of the policy and form.

You are able to cancel up to 2 days of clinic while attending a conference where you are presenting. You can cancel up to 2 half-days per year (for personal or family reasons). We encourage you to schedule ACLS or Step 3 on your elective time, but if you do need to schedule these during an OP block, you will need to use one of your 2 personal requests to do so. All requests must be made at least 8 weeks in advance.

Your main point-person for these requests is Jesus Paulino ([Jesus.Paulino@mssm.edu](mailto:Jesus.Paulino@mssm.edu)) in the program office.