**Welcome to the CHC Senior Rotation**

**What you will be doing**:

The CHC Senior role is very similar to what attending physicians do in clinic. You will have a leadership role in the clinic in teaching medical students and residents. You will spend some sessions seeing appointments or walk-ins and for some of those sessions you will be assigned to have a medical student work with you. You will also do some sessions as a preceptor in which you will be precepting the residents (especially the interns) and helping to handle patient flow. You will be doing some of the morning teaching sessions. In the past, participating in a quality improvement project was a part of the CHC Senior experience but now residents will be doing group QI projects over a two year period instead of QI being a part of this rotation (there will be QI projects available in CHC if your group would like to focus on an outpatient QI project).

To see your schedule: Go to amion.com, password GoldbergMain. Then select CHC Resident, click on the person icon on the top left (my schedule) and select yourself from the drop down menu.

**Our teaching schedule**

**8-8:30 am CHC teaching session**: Please check the schedule on amion (password is GoldbergMain) which will have all the details including when Grand Rounds is occurring, when CHC opens at 9 am and when the CHC residents are having breakfast with resident applicants. There you will also find when you are assigned to teach. It is fine to trade times with the other CHC Senior if you need to.

The teaching sessions will be led by the CHC Senior residents on Monday and Friday. This session should focus on a general pediatric topic that would be relevant for the medical students but will also involve all the residents and preceptors. You do not need to do a PowerPoint- in fact we would encourage you to only use PowerPoint if needed for visual diagnosis etc. You may also do case based teaching, review of clinical practice guideline, journal club etc.

**Resident Noon conference**: **The expectation is that you don’t pick up walk-in patients after 11:30** so that you can finish charting and get to conference. Let the preceptors know if you are having patient flow issues because of a complex patient.

**1-1:30 continuity clinic conference**- we welcome your participation in conference. The topic is the same each week (topics are listed on Resident Book under Outpatient rotation -> Continuity Clinic -> Goldberg Continuity Curriculum).

**CHC Senior Rotation Objectives**

1. Provide effective teaching in small group didactics.
2. Provide effective clinical supervision (includes giving feedback to learners, direct observation of learners, balancing patient care/flow and learner’s educational needs, managing patient flow).
3. Teach age-appropriate pediatric well child care (including history, physical, recommended screening tests and immunizations).
4. Develop evaluation and treatment plan for patients with common acute illness complaints such as fever, wheezing, abdominal complaints, and rash.
5. Develop treatment plans for patients with chronic conditions (examples- asthma, obesity, allergic conditions, ADHD, cerebral palsy, seizure disorders, sickle cell disease)
6. Understand and teach basics of practice management including use of EMR, coding and billing, and referral to appropriate community resources.

**Feedback:**

Any of the attending physicians are happy to give you feedback after a patient discussion, teaching session or after a clinical session. Please feel free to ask for feedback. Please set up a time for a mid-rotation discussion with Dale Coddington, half way through the rotation.

We have evaluation forms that you can pass out after teaching sessions to get feedback as well.

**Responsibilities as Teaching Resident and as a Preceptor**

1. **Teaching Responsibilities**

During the weeks that you are teaching resident, you will be responsible **for leading case-based teaching sessions for students and residents on Monday and Friday from 8-8:30** . There will be 2-3 medical students and usually about 5 residents. PowerPoint if fine if you need it (i.e. physical diagnosis examples) but remember that interactive discussion of cases doesn’t require PowerPoint. You are not able to cover as much material with an interactive session but the learners will learn and remember more.

There is a lot to cover in ambulatory pediatrics. The students have teaching sessions in CHC from 8-8:30 on Mon & Friday and spend Tuesday in AHC from 8-9. The students also do the CLIPP cases which cover their core curriculum. It is helpful to check with the students early in the month regarding what they have already covered (esp. if they are in the second month of the rotation). Remember that while the topic should be geared to the student- you are also teaching the residents. In some cases there will not be students (first day of their rotation etc.- usually that is indicated on Amion if there will be no students).

The students have a schedule of topics that are covered by attendings during noon. Please try not to repeat these topics in the morning sessions. Student noon lectures include (vaccines, infant feeding, rashes, otitis media, growth problems, cerebral palsy, child advocacy, poverty, common sports injuries and asthma). You will be emailed the student schedule before starting the rotation so you can see what the noon topics are.

There are lots of choices in what to talk about- you can present a case to work through- such as headache, abdominal pain, limp, sore throat etc. You can also have a discussion about common parenting questions regarding sleep, toilet training, discipline etc. Some residents will present outpatient cases related to the fellowship they are pursuing- hypertension, anemia etc.

**2) Student Precepting Responsibilities**

You will have a medical student assigned to work with you for several of your sessions. The student will see patients on your schedule and may also see walk-ins.

Student Documentation in the EMR: Students are able to document in all areas of the chart except- they cannot e-prescribe, bill or fill in the next appointment window (connected to billing). It is important that it is clear that a senior resident or attending did their own history (one way to do this is to have the student present in the room and you can then ask clarifying questions), did their own exam and agrees with the assessment and plans.

The “Student/ Teaching template” should be merged first.

For Sick visits no other template will need to be merged. You will document in the “Teaching Provider HPI” and the student will document in the “Student HPI”. There is a student exam in the template. You will need to click on “Examination (in blue)” and then click on Brief General Exam tab to enter your exam. If you click on the green arrow for the parts of the exam that you did, a normal exam description will populate. If you click on the white box next to each portion of the exam, you can either click from the menu or free text your exam findings.

For Well child visit- then merge the age appropriate WCC template. You will do a brief Teaching Provider HPI. This is usually a statement that the child is there for a WCC and any concerns that the child or family has or an update of any chronic medical problems. Your physical exam will be pre-populated with all normal findings - please change what is not normal or what you did not do.

Students should be encouraged to enter ICD 10 codes. They can also do a written summary assessment in the “notes” section under Assessment.

Students should be encouraged to learn how to use patient friendly discharge instructions in the “Notes” tab under Plan. Anything written in “Notes” tab will show up on the patient visit summary, comments written in the “Clinical notes” tab will not be seen by the family

Student Precepting:

When you have a student, you have two primary responsibilities: Good and efficient care of the patients AND addressing the learning needs of the student. It can at times be hard to balance these responsibilities.

You should review what you learned about precepting in RATS. Here is a quick refresher for using the One Minute Preceptor from USUHS <https://vimeo.com/76305964>

Tips for student precepting:

* Take a couple minutes at the beginning of the session to find out what the student’s experience to date is, does he/she have any particular learning goals or types of patients they would like to see, do they have an idea of their career goal yet. Review with them, your schedule of patients with them. Let the student know that they may be presenting to you in the room and provide them with an “out” if they need to discuss something with you first. “I having a little trouble with my computer” is always a reasonable “out” statement.
* Decide with the student what they will be doing and an expectation of when you will be checking in with them or if they should come and find you. You can see a patient at the same time they are seeing a patient. If you have picked up a patient from the same day or walk in list, it is helpful to tell your patient that you are going to get started but may have to take a break because you have a student working with you today.
* Have the student present the patient in the room to you. You can listen to the heart and lungs and then you can hear about the patient while you are doing the exam. Be sure to let the student know how to indicate if they are not comfortable presenting something in from of the parent (for example an issue around discipline that they observed). Sometimes you may have the discussion and assessment in front of the family as well, other times you may excuse yourself and discuss with the student and then have the student to go in to talk with the family (that is often a good opportunity for a student SCO as well)
* Students value independence and the opportunity to do clinical care. Most of the time they should be doing the history and physical and developing assessments and plans. However it is also good for them to see physical exam findings and to have you model care. It is fine to take students in to see rash, hear a heart murmur, to see the physical exam findings of cerebral palsy- be sure to ask the family first. They can also watch you as you have that discussion with the family about something they may not know much about- breastfeeding, school difficulty etc. On any given day the student may see 2-3 patients and also do some observation or have time to do some reading about their patient while you are finishing up with one of your patients.

Giving Students Feedback:

SCO (Structured Clinical Observations): You will routinely performing direct observation of students- do a SCO (brief 2 minute observation of interaction) and then give the student two or three feedback points. Try to do one SCO a day with the student. It is helpful to ask the student what portion of the exam they would like to be observed doing. Here is a refresher on doing structured clinical observations from USUHS <https://vimeo.com/76304683>.

Daily feedback: At the end of the session (or day if working all day with you), please give the student feedback. You can give feedback on a number of areas. You will have discussed clinical skills at the time of discussing the case (One minute preceptor) or when you gave feedback after a SCO. You can also give feedback related to the oral presentation- was it organized, did it contain the correct amount of detail? Feedback on documentation is also valuable. It is also helpful to frame your feedback so the student knows that is what you are doing “I’d like to give you some feedback about ….). Remember feedback is a discussion and it is often helpful to ask the student first what they think went well and what they would like to improve on.

End of rotation feedback: You will be e-mailed a request for your evaluation of the students at the end of their rotation. We value your feedback and it is important to give us your comments as the students often work with a number of different faculty and residents, each for only a couple of sessions. We use the RIME rubric for feedback (attached). If you are finishing the rotation before the students are- please email Dr. Briccetti feedback about students that you worked with.

**3) Precepting Resident Sessions (What it’s like to be an attending)**

Precepting more junior residents

You will be the primary preceptor for the PL-1s (though if you are busy, the other preceptors are also available). Interns in the first 6 months of residency need to have a senior resident or attending see their patients to confirm key portions of the history and physical. After you have discussed the case and seen the patient if necessary- one of the attendings should receive a “one line summary” about the patient and please ask any questions or if you would like us to see the patient. If it is a complex case, one of the attending physicians will also go in to see the patient.

There are a number of things to remember to review when precepting in addition to the chief reason that the patient is here- everything from making sure the BP is in the normal range to checking to see if the patient is due for immunizations or needs to be scheduled for a WCC. We have a worksheet to help you keep track of what you need to do.

Document your involvement in the case by merging in the preceptor template. Add to the template to include a brief summary of your exam and assessment. Don’t forget to put in your name at the end so we know who say the patient.

Please review the intern’s documentation and the billing and be sure the chart is assigned to the preceptor that you discussed the case with.

If you are a PL3, you may also precept PL2 residents. You will see attendings ask each other for advice (peer precepting) but in your role as CHC Senior, you should only precept more junior residents. We often will do group precepting where a number of people will go to see the patient (this is particularly common with rashes) so please feel free to join us.

Managing patient flow

One of the preceptor’s jobs is to help with managing patient flow. Please keep open the schedules for all the residents as well as for CHC Same Day and CHC Urgent Care. If a resident is getting behind, please check with them to see if they would like someone to see one of their patients.

Preceptors keep an eye on the CHC urgent care and same day list to see what can be addressed quickly and what might be more urgent. For example if the chief complaint is “shots”- check to see what is needed and if it is an immunization only visit (not a 2 month WCC), you can put that patient on your schedule and order the immunizations. If the chief complaint is “testicular pain”- we need to check with the triage nurse and pull the patient back to be sure it is not a possible testicular torsion.

It is often helpful to residents if they are running behind to help with things such as checking newborn screen results, printing out form such as Strong Start early intervention forms, putting in orders for the nurses for health certificates and asthma action plans.

Evaluating ill children

You may be asked by nurses to evaluate ill children in triage - this is usually to judge if a child needs immediate treatment such as an albuterol treatment for asthma or if the child should be transferred to the ER or the child is stable to wait until a provider can see them.

Sometimes you will be asked to see a patient to determine if they need isolation (ie is the rash chickenpox?)

Responding to Emergencies

CHC (like all the ambulatory clinics) does not call CATs. On occasion we will a call a code- often because we need additional help and rapid transfer to the emergency room. The majority of codes in CHC have been related to technology dependent children. In the case of a code, the precepting attending physicians and the CHC seniors should respond to the room to see if any additional assistance is needed.

There are several code buttons in CHC including one in room 11 and a code can be called by dialing 2222.

We have a code cart located in the hallway by the front waiting room. We also have an emergency box that has epi-pens (for anaphylaxis and Diastat for prolonged seizures).

Alarms are relatively frequent related to pulling the cords in the bathrooms by children. Please respond promptly to alarms- usually one of the preceptors will check as well as the nursing staff.

Additional References/Resources

 Teaching session resources:

Yale modules or PEAC modules

Resident Book under Teaching and Learning Resource -> Clinic Resouces

Pedicases (<http://pedicases.org/topics/index.html>) has cases as well as information about facilitating case based teaching

Resident as Teacher website: <https://www.med-ed.virginia.edu/courses/resasteachers/home.cfm>