

CONTINUITY CLINICS

Throughout the three years of residency training residents will spend one half day each week at a general pediatric clinic. The ACGME requires that residents assume the responsibility for the continuing care of a group of patients throughout their training. Inherent in the principle of continuity of care is that patients are seen on a regular and continuing basis rather than a single occasion. Continuity of care is paramount in Continuity Clinic. Our families have entrusted the care of their children to you so that you may learn general pediatrics. That is why the FFHC and residents must work together to make patient care and continuity for our families a top priority.

Your participation in Continuity Clinic will be evaluated on the following:

- Attendance and Punctuality
- Review of Clinic Curriculum
- Volume
- Patient Continuity
- Six Core Competencies:
 - Patient Care
 - Medical Knowledge
 - Practice-Based Learning and Improvement
 - Interpersonal and Communication Skills
 - Professionalism
 - Systems-Based Practice

Goals, Objectives and Resident Responsibilities at Continuity Clinics:

Attendance and Punctuality:

Residents must attend their scheduled clinics each week. The resident continuity clinic receives priority over other rotations. This clinic will only be cancelled if the resident is ill, on leave or on free elective at a distant locale. Occasionally, it will be cancelled post call if rescheduling is not possible. This does not include night float or overnight shifts in the emergency room or treatment room. No clinic may be cancelled or traded with another resident without discussion and prior approval from the continuity clinic director.

Please arrive in clinic on time and dressed appropriately (please no scrubs). AM clinic starts promptly at 8:15am and PM clinic starts at 1:15pm. This will give you time to get to the FFHC from Comer's Children's Hospital.

Review of Clinic Curriculum:

Clinic curriculum will be reviewed at the beginning of each clinic session. You should have read the topic prior to coming to clinic and be ready to present and/or discuss the topic with your clinic group. The clinic preceptor may present the topic or they may choose a resident to present the topic at their discretion. Latecomers will remain at the end of the clinic to review the curriculum.

Volume:

The current ACGME guidelines for volume of patients per half day session are as follows:

PL1: 3-6 patients

PL2: 4-8 patients

PL3: 5-10 patients

The first 6 months of the year (July-December) the schedule will be as follows:

WCC = Well Child Check

UC = Urgent Care

Interns

Morning

WCC 8:15am

UC 9:00am

WCC 9:30am

WCC 10:15am

Afternoon

WCC 1:15pm

UC 2:00pm

WCC 2:30pm

WCC 3:15pm

2nd Year Residents

Morning

WCC 8:15am

UC 8:45am

WCC 9:00am

WCC 9:30am

UC 10:00am

WCC 10:15am

Afternoon

WCC 1:15pm

UC 1:45pm

WCC 2:00pm

WCC 2:30pm

UC 3:00pm

WCC 3:15pm

3rd Year Residents

Morning

WCC 8:15am

UC 8:30am

UC 8:45am

WCC 9:00am

WCC 9:30am

UC 10:00am

WCC 10:15am

WCC 10:45am

Afternoon

WCC 1:15pm

UC 1:30pm

UC 1:45pm

WCC 2:00pm

WCC 2:30pm

UC 3:00pm

WCC 3:15pm

WCC 3:45pm

Thursday Mornings: The FFHC does not start seeing patients until 9:30am. They use this time for meetings and employee training. There will be an abbreviated Thursday am resident schedule.

Interns

WCC 9:30am

UC 10:15am

WCC 10:30am

2nd Year

WCC 9:30am

UC 10:00am

WCC 10:15am

WCC 10:45am

3rd Year

WCC 9:30am

UC 10:00am

WCC 10:15am

UC 10:30am

WCC 10:45am

Starting January 2005 your schedules will expand to

Intern: 6 patients

2nd year resident: 8 patients

3rd year residents: 10 patients

You must document all clinic encounters on the Continuity Clinic Record (CCR). Please see Appendix A. Your attending will sign off on the CCR and the completed CCR should be turned in at the end of each clinic. This is the official record of patients seen for the day.

Patient Continuity:

Our families have entrusted the care of their children to you so that you may learn general pediatrics. Please be respectful of that trust and schedule them to see you specifically. To facilitate that, have the patient schedule a return appointment prior to departure from the clinic visit. Each resident will receive a personalized pocket calendar that highlights each of their clinic days. You may use this to help schedule return visits.

Due to ICU months, there may be periods during your residency where you will be away from clinic for up to 3 months. We suggest you pair up with another resident who can see your patients while you are away. This prevents patients from being bounced around from one resident physician to another.

Patient Care: Residents are expected to provide patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease and at the end of life, and

- Gather accurate, essential information from all sources, including medical interviews, physical examinations, medical records and diagnostic/therapeutic procedures
- Make informed recommendations about preventive, diagnostic and therapeutic options and interventions that are based on clinical judgment, scientific evidence, and patient preference
- Develop, negotiate and implement effective patient management plans and integration of patient care

Medical Knowledge: Residents are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others. To this end, the resident will apply an open-minded analytical approach to acquiring new knowledge. The resident will access and critically evaluate current medical information and scientific evidence and apply this knowledge to clinical problem-solving, clinical decision-making, and critical thinking. Specifically, the resident will:

- Learn to recognize children and families at risk for the early signs and symptom of altered patterns of growth and development such as failure to thrive, developmental delays and school problems
- Learn the basics of the medical care of healthy children from infancy through adolescence including anticipatory guidance, immunization practices, counseling families about safety issues and issues related to sleep, discipline and toilet training
- Learn to recognize children and families at risk for the early signs and symptoms of altered patterns of growth and development such as failure to thrive, developmental delays and school problems
- Learn to diagnosis and treat common pediatric problems encountered in office practice

- Gain familiarity of issues related to aspects of physical and emotional growth and development, anticipatory guidance and disease prevention, and management of chronic and acute medical conditions
- Learn the generalist approach to health maintenance and to common pediatric problems
- Learn about commonly encountered pediatric problems and therapies

The resident should be prepared to discuss:

Age-appropriate anticipatory guidance
 Immunization schedule
 Long-term management of chronic illnesses and coordination of long-term care
 Normal development and developmental screening
 Routine screening schedule
 Schedule of routine pediatric health maintenance visits
 Safety in the child's environment

Practice-Based Learning and Improvement: Residents are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices. They should

- Identify areas for improvement and implement strategies to enhance knowledge, skills, attitudes and processes of care
- Analyze and evaluate practice experiences and implement strategies to continually improve the quality of patient practice
- Develop and maintain a willingness to learn from errors and use errors to improve the system or processes of care
- Use information technology or other available methodologies to access and manage information, support patient care decisions and enhance both patient and physician education

Interpersonal and Communication Skills: Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams, and

- Learn to provide effective and professional consultation to other physicians and health care professionals and sustain therapeutic and ethically sound professional relationships with patients, their families, and colleagues.
- Use effective listening, nonverbal, questioning, and narrative skills to communicate with patients and families
- Interact with consultants in a respectful, appropriate manner
- Maintain comprehensive, timely, and legible medical records
- Complete evaluations of the attending, staff and rotation
- Learn to give effective age-appropriate anticipatory guidance including discussions of health promotion and disease prevention

Professionalism: Residents are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession and society, and

- Demonstrate respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues
- Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors and disabilities of patients and professional colleagues
- Adhere to principles of confidentiality, scientific/academic integrity, and informed consent

Systems-Based Practice: Residents are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care. They should

- Understand the limitations and opportunities inherent in various practice types and delivery systems, and develop strategies to optimize care for the individual patient
- Apply evidence-based, cost-conscious strategies to prevention, diagnosis and disease management
- Collaborate with other members of the health care team to assist patients in dealing effectively with complex systems and to improve systematic processes of care
- Learn to recognize the signs and symptoms that lead to the early identification of risky behaviors and to gain familiarity with the appropriate interventions including family and community resources
- Learn the appropriate use of subspecialty consult and clinical services
- Learn to locate and appropriately utilize specialized services for children with special needs
- Learn how to effectively use the telephone to answer routine questions and manage common issues that arise
- Learn issues of practice management
- Learn to coordinate comprehensive primary care for children with complex and/or multiple health problems and function as part of a health care team