

Continuity Clinic Guidelines

1. Time:

If you have morning clinic, you should be getting to clinic by 7:45 am. You are not to show up to your morning clinic at 8:45am or 9:15am, just as afternoon Residents are not to show up at 1:45pm or 2:15pm.

Look over your patients for the day assigned to you (either early the morning of or the night prior to your clinic) to familiarize yourself with the pertinent information of why they are coming in.

Go to **Yale curriculum** at 8 am (for AM clinics) and 1 pm for PM clinics. Starting at 8:20 start seeing your patients. If Yale Curriculum doesn't start until 8:30am (per your attending), then see your 8:00am patient while you wait.

Write important things down on patients' physical charts/blank paper/in the computer while you talk with the patient. Get your paperwork ready for them (prescriptions, lab sheets, referrals) and then, while you are waiting for your attending who may be with another Resident, go see your next patient. Communicate with the nurse, or write the word 'seen' next to your patient's name on the board so your attending can come find you in your next patient's room, when he/she is ready for your previous patient.

Write your notes either ***after seeing all your patients or while waiting for your next patient to be roomed****. You can always come back after noon conf/case conf for your notes or after you're done with work for whatever rotation you are on (keep the paper with your notes on it, per the previous paragraph, with you to help with the details). You can, and should, also obtain Allscripts access on your home computer and can finish your notes from home.

*If you are at LBJ, you may need to room the patients yourself. Yes, this means *you* check the Vitals and *you* retrieve the patient from the waiting room. It is do-able!

2. Conferences while in Clinic:

If after doing all of the above, you are still consistently unable to come to conference on time, please talk to your attending and let us know. We understand that some clinics run slower than others, however it is up to you to make sure you are doing everything possible to get everyone seen as well. If you don't get out in time, you may not get credit for that day's conference, so make sure you go to all the other conferences to assure attendance is > 70%.

We adjusted the mandated conference attendance down to 70% to account for unusual circumstances such as patient care educational activities taking priority over Didactic educational activities.

2. Number to be seen:

PGY-1s are expected to see at least 3-5 patients per half day of clinic for the first 6 months, and then can see more.

PGY-2/3s are expected to see 6-8 patients per half day of clinic.

3. Notes/Tasks/Refills:

All are expected to be completed in a timely manner. Do not wait a full week to check your tasks or write notes. These are now your panel of patients, under your name, and are your responsibility, under the supervision of your attending.

4. Rescheduling your clinic:

It is *your* responsibility to reschedule your clinic according to your post-call and night float/ER schedule. You should do this no later than the 5th of each month via email to Sheri Janowski at UTPB OR Donna McKee at LBJ AND your Attending. You should never wait until the week of or day before. Again, these patients are scheduled under your name. They are expecting to see you. If you are a no-show to clinic, you not only let the patients down, but also your attending and fellow residents who have to "cover" for you.

ACGME rules state that each attending should be overseeing no more than 4 Residents per clinic. You MUST clear the change/reschedule to avoid being the 5th Resident under one attending.