

Physician Facilitator Trainer Guidelines

Congratulations on being selected to be a part of the PF Training Team! Only the most proficient Physician Facilitators are given the opportunity to train and help shape our newest generations of PFs, so great work. This document contains guidelines and tips to help you succeed in your role as a trainer, so please read carefully and empower yourself as a mentor.

General Training Guidelines:

- Attendance and Preparedness
 - Always arrive at your training shift at least 10 minutes prior to the start of the shift. You can NEVER be tardy for a training shift.
 - Prepare for your training shift before the shift starts:
 - Ensure that you bring the training laptop to your shift so that both you and your trainee have a laptop to use.
 - Know who you are training and which training shift it is for them (Day 1 vs Day 5).
- Communication and Energy
 - Always remain positive and create a supportive learning environment.
 - As the trainer, you are the “Best of the Best.” Your mood, energy, and positivity must be over-the-top evident. **Lead by example.**
 - Tolerate no less than excellence from your trainees - make corrections early and in real time.
 - If there is confusion on a subject while training, please call us (Joe). We are willing resources to you and your trainees during this process. #communication
- Professionalism
 - As a trainer, you are the role model for all TAUC employees. You are expected to display a mature, confident, and enthusiastic image whether you are training or not training.
 - Stay professional and respectful in your communication and dialogue with the providers and other team members.
 - Your training assignment is not an opportunity to display YOUR talents or extensive knowledge, but rather a chance to develop your trainee's skills.

ScribeU Training Duties:

- Every Training Shift:
 1. Ensure the trainee is prepared before seeing the first patient:
 - Two Docutap screens open
 - Google doc or sticky note open
 - Opal Rad open
 - AVR open
 2. Go into the room with the trainee and provider.

- Do this for at least the first patient for each training shift. This is important even if a trainee was able to work independently on their previous shift. Each shift is a new day and the trainee will often be with a different provider than before so ensure the day starts off well by seeing the first patient (at the very minimum) with your trainee. Look for opportunities to increase your trainee's efficiency in the room.
- 3. Check any orders that the trainee places as they are being placed or immediately after being placed.
 - This is especially important to catch any wrongly placed orders and correct them before they have a chance to be completed by the clinical team.
- 4. Review each chart your trainee touches for accuracy and completeness:
 - **HPI** - Ensure that the trainee reviews and edits each HPI. The HPI should match the information received by the provider while in the room.
 - **Vitals** - Review for typos and abnormal vital signs. Ensure abnormal vital signs are rechecked if needed.
 - **Physical Exam** - Review for contradictions, spelling errors, and accuracy.
 - **Procedures** - Ensure all procedures (med admins, x-rays, CTs, provider performed procedures) are documented accurately and completely.
 - **Diagnosis** - Ensure there is a diagnosis present for all procedures that the patient received. Also, make sure that the primary diagnosis is the first diagnosis listed in the plan section.
 - **Plan** - Ensure this section contains appropriate advice, referrals, prescriptions and discharge instructions. Closely review and medications to ensure they were dispensed/sent to the correct location.
 - **Coding** - Ensure the correct code is selected.
- 5. Quiz the trainee:
 - List the Trauma CTs
 - List the Medical CTs
 - Who must be contacted for transfer CTs and next day US orders?
 - List the three things that go into every work-comp plan
 - Coding -
 - What do new patients start off as?
 - What do returning patients start off as?
 - List the reasons to move from an 03 -> 04.
 - List the reasons to move from a 14 -> 13
 - List the reasons to code a patient as a 5 (05 or 15)
 - Printing/faxing controlled substances for physicians vs IAPPs vs APPs.
- **Days 1 and 2:**
 1. Accompany the trainee to the patient room for ALL patients.
 - This is the best way to catch any mistakes early and find opportunities to maximize the trainee's efficiency while in the room.

2. If the patient volume requires more speed than your trainee is capable of this early in training, alternate being the scribe.
 - Let your trainee take lead in one patient's room then allow them to work on that patient's chart while you see the next patient or two on your own. Once the trainee is caught up, encourage them to take lead on the next patient.
- **Days 3+:**
 1. Accompany the trainee to the patient room for at least the first patient of the day.
 - If the first patient goes well and you feel comfortable sending the trainee in the room without you, you do not have to accompany them into the room anymore.
 - If you do not accompany your trainee into the room for each patient, ensure you are still being a productive member of the team. Help out as a tech, help with the daily task list, etc.
 - Ensure you are still able to check all orders placed by your trainee before they are performed by the team along with reviewing the vitals, diagnosis, plan, and coding section before the patient is discharged. Also, make sure you are easily accessible for when you trainee has questions.
 - If the team is not in need of your help, we recommend that you accompany your trainee into the room as much as possible. You never know when you may encounter an opportunity to improve your trainee's efficiency in the patient's room or coach them through unusual cases.
 2. Assess your trainee for opportunities to increase efficiency. These days should be all about increasing your trainee's efficiency while decreasing mistakes.
 - The goal should be for your trainee to complete all patient charts on days 3+ with little to no help from you (with the exception of new procedures or situations). Your focus should be to catch mistakes and coach them on ways to increase their speed and efficiency.

ScribeU Training Checklist - Complete this checklist during every training shift:

- ☐ Check the trainee for preparedness before seeing the first patient.
 - Two docutap screens, Google doc/sticky note, Opal rad, AVR.
- ☐ Accompany the trainee in the room for the first patient (ideally more, especially on Days 1 and 2).
- ☐ Review each chart the trainee touches for accuracy and completeness.
- ☐ Quiz the trainee on CTs, work comp, and coding. See above.
- ☐ Review protocols for printing/faxing a controlled prescription for Doctors/IAPPs/APPs.
- ☐ Review protocols for sending a patient to another site for CTs and/or ultrasounds.
- ☐ Assess for opportunities of improvement and give the trainee constructive criticism throughout the shift.
- ☐ Review the shift with your trainee at the end of the day, giving them items/areas to focus on improving during their next shift.
- ☐ Complete a training report on TeamTAUC.com to keep the remainder of the training team informed on the trainee's progress.
- ☐ If any significant problems occur, or if concerning behavioral patterns develop, contact Joe during the shift, by text or (preferably) call.

Provider Training Guidelines

The purpose of provider training days are to help the provider become proficient in DocuTap, increase their charting speed, and ensure they are embracing the TAUC magic.

- DO NOT scribe for the provider.
 - You are meant to be a resource for the provider to help them improve their proficiency and speed in DocuTap.
 - This does not mean that you shouldn't follow them into patient rooms (see below).
- DO NOT abandon the provider.
 - Accompany the provider into every patient room on day one of training.
 - Follow the provider into as many patient rooms as possible on day two, but if the clinical team needs your help on day two, you may temporarily step away and help the team instead of following the provider into a patient room.
- Guide the provider through our processes and resources.