Manager in Training Curriculum

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Please be aware when this document was last updated. For the most up to date clinic changes, please refer to the clinic checklist and the workflow update log.

HOMES Vision Statement
A world without homelessness, where all individuals have access to housing, social services, & high-quality, patient-centered healthcare.

HOMES Mission Statement
To serve Houstonians experiencing homelessness with a broad & holistic approach to healthcare, integrating community outreach, medical & social services, & education for the next generation of empathetic providers & impactful advocates.

HOMES Background
In the 1990s, students from the University of Houston Graduate College of Social Work conducted a needs assessment of the homeless population of Houston. The students, led by George Bement, found that healthcare for the homeless was severely limited on Sundays, as most non-emergency medical facilities were closed. Students from the University of Houston, Baylor College of Medicine, and the University of Texas Health Science Center at Houston collaborated to address this issue. HOMES Clinic was founded in 1999 by a medical student at the time, Allegra Melillo, & Dr. David Buck, then a practicing family medicine physician at BCM, as a student-run Sunday clinic dedicated to the care of individuals experiencing homelessness. Since its inception, HOMES Clinic has involved thousands of student volunteers and has served over 4,000 patients. To this day, HOMES Clinic operates under the umbrella of Healthcare for the Homeless - Houston (HHH), a Federally Qualified Health Center, which provides all of our administrative, logistical, & financial support.

Purpose of Manager in Training Curriculum
The purpose of this curriculum training manual is to outline the necessary training points for HOMES Manager In Training (MIT) volunteers, such that all trained volunteers have the skills and knowledge to manage HOMES Clinic successfully and consistently week to week.

MIT Session Requirements
Starting July 2022, volunteers will now need three MIT shifts in order to be eligible to manage clinic independently.
Rationale: Feedback from past MITs/managers indicates that two shifts do not adequately prepare volunteers to manage clinic independently.

All three MIT shifts should occur within a 6 month window. If MITs are having difficulty completing their shifts in this time, please reach out to homes.manage@gmail.com to work with the Associate Directors of Managers to be added to the MIT training schedule.
Rationale: Each MIT shift must be completed within a 6 month period to minimize information leech from each shift.

MIT Sign Ups
MIT signups are designed such that each week there is one MIT1 and one MIT2 or MIT3.
Rationale: Managers will have more support from a 2nd or 3rd shift MIT since these volunteers will have a basic understanding of how clinic management should run. This allows the opportunity for managers to delegate more complex tasks to the more advanced MITs while reviewing necessary learning points with MIT1s.

MIT Session Learning Milestones
Each of the three MIT sessions have defined goals designed to provide necessary education for future managers while affording increasing independence in managerial tasks. This culminates in MIT3 as the “acting” manager while practicing under a more experienced manager.
Rationale: create a standardized learning program to ensure consistency with all MIT shifts.

Manager Initiatives
Manager Time Keeping Initiative
In an attempt to discover how to better streamline clinic and increase clinic productivity, we are implementing a new time keeping initiative to record start and end times of significant events in the clinic workflow day. Managers/MITs should record times for each teams in the appropriate google form (linked on the checklist).

Manager/MIT Quality Improvement Initiative

In partnership with the Associate Director of Quality Improvement, this initiative is designed to collect data on the quality of the MIT training experience from both the trainee (MIT) and the trainer (manager).

- Short feedback form regarding training after each clinic day
- MITs will be asked questions regarding how their MIT experience was
- Managers will be asked questions regarding how confident they are in the MIT ability to manage, how effective the MIT was in clinic, etc
- This will be strictly for quality improvement purposes so please answer the questions honestly and to the best of your ability, it will only help us improve the manager/MIT experience.
    - If you as a manager have significant concerns about the ability of an MIT3 to manage clinic independently, please reach out to AD Managers Emily and Panos at homes.manage@gmail.com.

Compliance Considerations for All Managers and MITs

HIPAA Compliance: HOMES Clinic and our volunteers must maintain HIPAA compliance. Any PHI recorded during the clinical encounter should not leave clinic. Managers/MITs should collect written PHI and shred. PHI should not be stored on any computers (personal computers or clinic computers). The clinical note should be completed on student laptops and NOT on the computer in the exam room. The clinic note html and referral note html is HIPAA compliant and should only be opened using Google Chrome. Do not open the html forms on Google docs as this is not HIPAA compliant. Clinic and referral notes should be printed directly from the student's computer (a MAC usb-c adapter is located in the HOMES Drawer).

Patient packet: Per HHH, all forms of the patient packet are mandatory. The attending should sign the first page of the packet and fill out the bottom half portion (billing section). The attending also signs the clinic note.

COVID Vaccination Records: Per HHH policy, COVID vaccination records are required for all HOMES Clinic volunteers. If a student wishes to request an exemption, this must be requested and approved prior to volunteering. If students do not produce their vaccination records or an exemption, they are not allowed to volunteer at HOMES clinic. Volunteers are instructed to email the manager a copy of their vaccination card or bring a copy to clinic. Managers/MITs should collect **digital copies** of the vaccination cards and send in one email to Carlie Brown, CEO of HHH at carlieb@bcm.edu

HHH Compliance: Per HHH requirements, all volunteers must undergo temperature screening and fill out COVID screening (clinic location: Cathedral clinic). COVID vaccination requirements as above. New volunteers need to fill out HHH Confidentiality form. If students will be featured on HOMES Social media, they need to fill out HHH Media Release form.

Medical care outside of the clinical setting: HOMES volunteers can not provide medical care outside of the clinical setting. Things that may constitute medical care include providing bandaids/neosporin to folks in The Beacon, checking blood pressure in The Beacon, etc (this list is not comprehensive). In order to provide these items/services, we must see patients in clinic

for a full H&P and patients must be seen by an attending physician. Providing these items/services outside of the clinical visit opens up HOMES to liability issues.

Clinic Safety

For safety reasons, all volunteers entering The Beacon or communicating with patients should do so in pairs.

- For safety reasons, at least 2 MITs should be with a patient during the consent process regardless if the exam room door is open. Because we regularly have 3 MITs in clinic each week, this should not slow down clinic workflow. Pair the MIT1 with an MIT2 or MIT3 to shadow the consent process (for the first patient) and then lead the consent process (additional patients).
- MITs and managers should not be going into The Beacon alone to collect lunch, return lunch trays, or collect patient laundry. Because we are very identifiable in our scrubs, clients may approach manager/MIT volunteers for resources or to inquire about appointments. Similarly, if clinic team volunteers enter The Beacon to bring a patient to clinic (or for any other reason), they must go in pairs.
- We regularly have clients approach the clinic door for help with resources or to inquire about appointments. Managers/MITs should not be answering the door to triage situations without another volunteer present.
- Health Advocates should not volunteer alone and should always perform their duties with a buddy. If only 1 Health Advocate volunteer is scheduled, the Clinic Operations team may elect to cancel this volunteer or an MIT may accompany this patient during their volunteer duties.

If concerned about a patient, (ex. active SI/HI, pt becomes increasingly agitated, etc), alert the clinic preceptor immediately. There are HPD officers located in The Beacon that are willing and able to assist in managing these situations. Contact them if appropriate.

Phone number for Ronald Marshall, manager of The Beacon: 713-591-5404

Please call Ronald if The Beacon security team is needed in the clinic.

If any volunteer student (either part of clinical team or managing team) feels unsafe, they should immediately remove themselves from the situation and alert the clinic preceptor.

Triaging Concerns at HOMES Clinic

The first step in handling a concern is to review the manager checklist for any insight or instructions or review the MIT training curriculum to confirm if this issue has been addressed within the body of this document. If an issue can not be resolved independently (if a preceptor does not show up, if there are no potential patients in The Beacon, etc) managers or MITs should reach out to either the AD Managers, Emily or Panos, or AD Operations, Mary or Colton, for further direction. Managers should not make large decisions on their own without contacting AD Managers or Operations first.

Rationale: Clinic can be very unpredictable and it is possible a situation arises that the clinic manager does not know how to handle. This provides step by step instructions on how to triage clinical concerns.

MIT1 Objectives

Obtain access to HOMES Clinic Manager GroupMe

Rationale: The HOMES Clinic Manager GroupMe is the unofficial communication method for HOMES managers. Information regarding shift swaps, open MIT/manager position, and noncritical clinic updates may be posted in the GroupMe. Being added to the GroupMe from MIT shift #1 ensures that new MIT1s are connected to this communication method.

How To: There are several ways this can be done.

(Preferred): Managers can directly add new members to the GroupMe

MIT1s can self join the group from the hyperlink in the MIT clinic email

GroupMe join hyperlink: https://groupme.com/join_group/68632238/gYWuhBAA

Manager Checklist

Rationale: The manager checklist is a comprehensive flow sheet of to-do items for managers. The checklist is also the first location that will reflect small updates to the managing experience. Thus, this checklist serves as both a communication method and a guide for how clinic should run. This checklist is also designed to standardize the clinic workflow. This is critical for both compliance concerns and for creating a consistent clinical experience for our volunteers and patients week to week. Managers should always reference this document no matter the level of their managing experience.

How To: 000 Checklist for Managers [USE THIS]

Observe Orientation

Rationale: Orientation is a critical part of the clinic workflow. Orientation provides an overview of the clinic day and is the opportunity to disseminate all the necessary information to ensure the clinic runs smoothly. Each week there are often more new volunteers in clinical roles than returning volunteers. It is important that clinical volunteers are given the same expectations and information each week to guarantee a consistent clinical experience. As an MIT1, it is expected that you observe orientation with special attention given to how the managers conduct the orientation session.

How To: There is a comprehensive orientation document in the Manager Google Drive. Follow along as the MIT2/3 goes through the document to give orientation.

Complete Patient Paperwork for One Clinical Team

Rationale: Accurate completion of the patient packet is one of the main responsibilities of the managing team. The patient packet contains billing information (**page 1**), consents for health care visit (**page 2-4**), PHQ9/DAST/AUDIT (**page 5**), and demographic information (**page 6-11**). **Completing the consent forms before the H&P is required**. The demographic forms can be completed when the clinical team is presenting the patient to the attending. Often this extended waiting can frustrate the patients so completing the demographic information sheets can add something “productive” to this wait.

All forms of the patient packet MUST be completed per HHH requirements.

Timeline of packet: Clinical teams take vitals and record on page 1 of the packet. MITs should complete the consent forms (need signatures on pages 2, 3) before the H&P begins. Clinical teams complete the PHQ9/DAST/AUDIT (page 5) during the social portion of the history. MITs complete the demographic sheets (page 6-11) with the patient while the clinical teams present to the attending. MITs work with clinical team to fill out the HHH Registration & Health History after receiving permission from the patient.

How To Patient Packet: There are detailed instructions with the patient packet on how to complete. The patient packet is the responsibility of the managing team and clinical teams should **not** complete any of the paperwork **except** the PHQ9/DAST/AUDIT. HOMES Volunteers should NOT be signing at witnesses in the patient packet, per HHH rules.

Ask patients if they would like some assistance completing the forms. Many of our patients may have difficulty reading and/or writing but do not want to ask for help. This gives our patients the autonomy to accept our help or decline.
If they decline your help with completing the packet, remain in the exam room to assist them with identifying the consent forms and remain available if they have any questions.
If they accept your help, the best way to help them complete the packet is "interview style."
Note: the patient must sign and date on their own.

The last page of the patient packet, Healthcare for the Homeless-Houston Registration and Health History, is largely information that is collected during the H&P. After getting permission from the patient, the MIT can fill out this form by conferring with the clinical team.

Phrase: "This last page of the packet is information that you told the clinical team during your visit. Would it be ok with you if I just speak with them to fill this form out based on what you told them during the history?"

Triage

Rationale: The manager is responsible for providing direction to triage. Managers should feel empowered to weigh in on patient selection particularly when it encompasses clinic and pharmacy limitations, potential psychiatric patients, and if clinical teams are struggling to decide on an appropriate patient.

How To: MIT1s should observe triage particularly as it relates to management input. The following points should be emphasized during MIT1 learning discussions during clinic downtime. Important areas of consideration when triaging:

1. Severity/chronicity of disease
    a. More acute presentations **may** take priority over chronic presentations
    b. Red flag symptoms
        i. Example: if a patient's chief concern is they are out of blood pressure medication, is the patient experiencing signs of hypertensive emergency?

        ii. If the clinical teams fail to include this in their patient discussion, managers should feel empowered to inquire about such things
    c. Concerns for active SI/HI
        i. Clinical students may forget to ask specific questions about SI/HI when patients have a psychiatric concern. If a potential patient is experiencing an acute SI/HI crisis we can recommend they go to the emergency department (either by bus pass or we can call an ambulance for them).
2. Clinical capabilities for the patient's chief concern
    a. Ex: MSK concerns. HOMES does not have any imaging modalities or any splinting materials.
    b. Ex: Pain concerns. HOMES Pharmacy has limited pain medication.
3. Psych concerns -> EPIC chart review -> do we have documentation of previous medication history?
    a. Different HOMES attendings have varying comfort levels with refilling or restarting psychiatric medications.
        i. Dr. Wallace is knowledgeable about physician comfort levels with psych meds. ALWAYS ASK!
    b. Having a documented history of psychiatric diagnosis and prescribed medications is exceedingly helpful information for the attending physician
    c. Managers should direct clinical students to chart review these patients during triage
4. Do they have an upcoming appointment with HHH/primary care? Can their chief concern wait to be addressed until then?
5. If all else fails and clinical teams can't decide between two patients, managers should instruct the teams to consider the learning experience from each patient.
6. If there are multiple patients who are suitable for a visit, rank patients according to the order you would like to see them. Oftentimes, the people we met in triage cannot be found / left The Beacon and having a rank list facilitates finding the next patient.

Important note related to contacting the attending physician. Attending physicians should ALWAYS be contacted for help in managing a situation that arises where an individual is experiencing red flag symptoms, concern for SI/HI, if a clinical student or other volunteer wants to refer care, etc.

MIT Learning Points

Rationale: There are many things MITs must know before becoming an independent manager. However, not all clinic days present an opportunity to organically discuss the following items. As such, MIT1s should familiarize themselves with these items so they are prepared for when clinic necessitates their use.

Bus Pass

- Who? **Patients**

- What? $2.50 Metro pass gets patients there and back. Can be used for the Rail or bus system
- Where? In the HOMES drawer
- Why? To provide transportation for reasons related to their medical care
    - Ex: We recommend pt go to ED but they do not require EMS transport
    - Ex: Pt needs to get to MEDVAMC to pick up medications
- Confirm with preceptor that the bus pass is necessary and an appropriate way to manage care
- Log # of pass and reason for distribution on the clinic workflow doc

Referral Note

- Purpose of the referral note: let other providers (ER/speciality provider/etc) know basic information about the visit/diagnosis and reason for referral
- Location: Google drive -> HOMES Letterhead html form
- How-To: Clinical team should fill out the referral form
    - Download and open the html form using Google Chrome
    - Print the form directly from Chrome
    - Do not backspace or refresh, data is not saved
    - This is the same process as the clinic note

School Requirements

- BCM students need a NICER form to be eligible to volunteer at HOMES
    - NICER forms expire every year on June 30th
    - HOMES Operations are responsible for collecting NICER form confirmation from scheduled volunteers
- UTH students may only volunteer at HOMES when a UTH affiliated preceptor is attending
    - In the case of clinic with multiple preceptors, UTH students can work with non-UTH affiliated faculty as long as a UTH faculty is present in clinic
    - Preceptor schedule and affiliations can be found in the HOMES Manager Google Drive
- UHCOP studentsparticipate in the triage process with the clinical student and pre-clinical student
    - UHCOP students are allowed to be in the examination room as space and patient comfort allows

Cathedral Clinic and The Beacon

- Cathedral Clinic Operations
    - HOMES Clinic is housed in the **Cathedral Clinic** spaces. It is important that we respect their clinic space and leave it cleaner than we found it.
    - Throw away any office and conference room trash into the large can in The Beacon hallway
        - Extra trash bags can be found: in the hallway closet

    - Store HPI (patient packets and clinic notes) **face down** on the desk by the main office computer
    - Shred any extra HPI using the shredder in the clinic hallway
    - HOMES Clinic has several storage locations for our items. Only use items that are found in the HOMES designated areas
        - HOMES Drawer in main office
        - HOMES Cabinet in hallway by vitals area
        - Tall HOMES Cabinet in room across from Exam 4 (requires a key)
    - Closing clinic
        - Lock the door leading to the waiting room
        - Do not lock the office door (see sticky note on door)
        - Confirm pharmacy is locked
        - Make sure back clinic door (to hallway/conference rooms) is closed before leaving
- The Beacon Operations
    - **The Beacon** is our next door neighbor and is the location where we recruit our patients. It is important that we follow Beacon rules.
    - Beacon wrist bands should be marked when HOMES volunteers bring patients lunch. There have been issues where patients have received lunch in clinic and then gone back into the Beacon for a second tray, which The Beacon wants to prevent.
    - Beacon Hours
        - 7:00-1:00 (this may change week to week)
    - Patients may have left laundry and phones in The Beacon. HOMES managing teams should retrieve these items for our patients if their visit is expected to end after The Beacon closes.
    - When The Beacon closes, staff locks the front gates. If patients are discharged after The Beacon closes, they must exit through the back entrance (how volunteers enter clinic). Two HOMES Clinic volunteers should **walk the patient out** of the building.
    - Showers typically end at 12:30. If a patient is scheduled for both a shower and a clinic visit, work with The Beacon shower volunteers (can be found in the Laundry area) to schedule patient showers at 11:30 or noon. Patients can shower during the break where clinical teams are presenting to the attending. **If patients leave clinic to shower, emphasize the importance of immediately returning to clinic when finished showing so they can be seen by the attending physician.**

Manager responsibilities for MIT1

1. Expectations: MIT1 objectives/learning points should **ALWAYS** be completed on designated MIT day. Do not push these objectives to another MIT shift or make it another manager's responsibility to complete. Clinic is not over until you complete these objectives/learning points.
2. Add MIT1 to GroupMe

3. MIT1 Learning Points
    a. Triage -> what HOMES Clinic can offer and what we can't
    b. Bus pass -> indications and how to use
    c. School specific requirements
4. HOMES Manager Google Drive "tour"
    a. Walk through google drive with MIT1 and where to find necessary documents
    b. Explain clinic workflow doc
5. HOMES Drawer "tour"
    a. Walk through contents of drawer and how to use drawer
6. Clinic manager "tour"
    a. Location of supplies, care packages, EKG, etc
7. Verify patient packet has been completed correctly
    a. Provide feedback to MIT1 if the patient packet has not been completed correct, this is a learning opportunity
8. Sign off on MIT1 training milestones
    a. Hardcopy document stored in clinic
9. Complete the QI Manager feedback survey
    a. Google form will be sent via email on Sunday afternoon after clinic
    b. Links can also be found on Manager checklist

MIT2 Objectives

Lead Orientation

Rationale: MIT2s should lead orientation. This gives the clinic manager an opportunity to provide feedback to their orientation. There is a comprehensive Orientation Guide in the HOMES Manager Google Drive that should be used for orientation.
How To: The Orientation Guide is designed to be used EVERY TIME orientation is given. It contains all the necessary information to deliver to volunteers in order for clinic to run smoothly. It is designed so that you can even read directly from the guide (orientation, made easy!).

Shadow Triage
Rationale: MITs may or may not have been to The Beacon for triage. Managers should be very familiar with the triage process in order to guide clinical students in proper triage protocols and answer any questions new clinical volunteers have. If an MIT2 has never volunteered as a clinical student and conducted triage or is a preclinical student who has never assisted with triage, this is the time for the MIT2 to get experience. If an MIT2 does have this experience, they do not need to shadow the clinical teams during triage.
How To: The MIT2 should pair up with a clinical student and shadow while they talk to potential patients in The Beacon. The MIT2 does not take the place of the preclinical student on the team, they should still triage as well.

Complete Patient Paperwork for One Clinical Team
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Health Advocate and Resource Guide

Rationale: Health Advocate role is a new role within the HOMES Clinic workflow. As such, it is likely that MITs may not have volunteered in this role. This task provides exposure to the Resource Binder and will help familiarize MITs with the scope of the Health Advocate.
The Health Advocate is designed to provide social resources to our patient population within the Beacon, especially to those that we were unable to see in clinic. Health Advocates will be present for triage to identify patients that would benefit from social service resources.
How To: MIT2 should work with the Health Advocate volunteers to print new social resource cards. Cardstock is found in the top drawer of the HOMES office filing cabinet. Copies of the resource card template can be found on the HOMES Manager Google Drive. Be sure to print both front and back (the printer does not do double sided printer well with the cardstock so you must manually reload the paper for the other side printing). Cut out the new cards and store in the appropriate section.

Lead Reflections

Rationale: Reflections are designed to be the time where all the clinical teams (**including pharmacy**), managers, and preceptors come together to reflect on the events of the day. The encounters at HOMES Clinic may be emotionally taxing, difficult in various ways, but also exceedingly wonderful in that we can truly make an impact. Reflections is the space to debrief on the visit and is a safe space where all emotions can be shared openly. Reflections with **all** clinical teams present should be prioritized, though recognize that logistically this may not be feasible each week.
How To: Thank the clinical teams for their work in clinic and explain the rationale for reflections as above. Open it up to the students to reflect on how the day went. Encourage each member of the team and attendings to share their thoughts. Managers and MiTs should participate in reflections as well. In closing, thank everyone for coming to volunteer at HOMES Clinic and be available for students who have questions or wish to discuss concerns privately.

Manager responsibilities for MIT2

1. Expectations: MIT2 objectives/learning points should **ALWAYS** be completed on designated MIT day. Do not push these objectives to another MIT shift or make it another manager's responsibility to complete. Clinic is not over until you complete these objectives/learning points.
2. Support MIT2 in leading orientation and reflections
    a. Jump in with additional items the MIT2 may have neglected to include
    b. Provide feedback to the MIT2
3. Verify patient packet has been completed correctly
    a. Provide feedback to MIT2 if the patient packet has not been completed correct, this is a learning opportunity
4. Sign off on MIT2 training milestones
    a. Hardcopy document stored in clinic
5. Complete the QI Manager feedback survey
    a. Google form will be sent via email on Sunday afternoon after clinic
    b. Links can also be found on Manager checklist

MIT3 Objectives

"Sub-M"

Rationale: A consistent feedback theme from managers and MITs is that they feel largely underprepared to manage clinic independently. In addition to developing a comprehensive curriculum, the Associate Directors of Managers feel strongly that MITs have an opportunity to trial management while having a safety net of a fully trained manager in clinic. The MIT3 shift is designed to provide that experience.

MIT3 shift is designed to function similarly to a Sub-I rotation in the hospital. MIT3s will essentially function as an acting manager to gain experience running clinic. They will be supervised by a veteran clinic manager to ensure that clinic runs smoothly and compliance related items are completed accurately.

MIT3 should also be responsible for handling the clinic timekeeping. Record on the clinic timekeeping sheet start and end times of relevant clinical events. Not only will this data will help the HOMES executive team better understand the timing of clinic operations, but MIT3 will be able to identify areas of improvement for their own clinic time management.

How To: When MIT3s are in clinic, the other MIT will be an MIT1. As such, the responsibilities of MIT2 should be divided between the MIT3 and the manager. The MIT3 should again lead orientation and reflections. The manager can assist with the Health Advocates resource cards. MIT3 and manager should confirm who is responsible for the second team clinical packet. If possible, the manager should handle the 2nd team patient packet such that the MIT3 can have experience with "handling" clinic during the consent process. If issues arise, the manager can step out of the consent to help.

MIT3 will record on the clinic timekeeping sheet start and end times of relevant clinical events. Clinic timekeeping sheet can be found on the HOMES Manager Google Drive. Clinical teams should record the timing of history and physical exam components if both pre-clinical students are in the exam room throughout the visit.

Time-Keeping

Rationale: The manager is responsible for the flow of clinic. They are necessary to ensure that clinic continues to flow smoothly and quickly such that our patients do not have excess wait times (most important) and that clinic ends at a reasonable time for our volunteers. Workflow components that can be especially time consuming and variable are the initial patient encounter and patient presentation to the attending. While our patients often have very complex and complicated histories, managers should encourage teams to limit the history to 20-30 minutes. Some attendings also enjoy teaching. This is great! HOMES should be a learning experience for our students. However, attendings may get side tracked teaching clinical teams the minutiae of a particular diagnosis while the patient is waiting to be seen by the attending. Teaching during the patient discussion with the attending should be limited to relevant information that is necessary for patient care. Any additional teaching should be done after the patient has been seen by the attending.

How To: Set expectations for timing early! During orientation, set expectations for the timing of the history and physical. Remind clinical teams the time allotted for each component before the patient encounter begins. Record the start time of each visit. Provide a courtesy knock on the exam room door 15-20 minutes into the visit to let students know to wrap up the history.

Monitor the timekeeping sheet to know when the physical exam has been started (the clinical teams need to update this from within the exam room). Again, set expectations for timing of the clinical teams to collect their thoughts and practice their presentations before they discuss with the attending. Follow up within 10-15 minutes and alert the attending that the clinical team is ready. Set expectations with the attending that they should limit the amount of extra teaching and should limit the discussion to 20 minutes in order to respect the patient's own time. Provide a courtesy warning 15 minutes into the discussion that they have 5 minutes left. If teams do not go back to the patient, continue to follow up every 5-7 minutes.

During this time, have the MITs continue to check in on the patient. This waiting period can become very frustrating for many of our patients and they may become agitated, frustrated, or want to leave clinic before the visit is finished. This is the worst case scenario. We do not want our patients to leave before the attending sees them and we provide their medications and other resources. If patients appear frustrated/agitated/want to leave, it is the manager/MIT3 responsibility to relay this information to the clinical team. It is appropriate for MIT3 to ask the attending to finish their discussion immediately and go back with the team to see the patient.

Post-MIT3 Quiz

Rationale: Following three MIT shifts with this standardized curriculum, including one as a "sub-M," volunteers should have an appropriate grasp of how to run clinic. Independent managers should have a robust knowledge of the items in clinic that are critical for operations, especially those that are related to clinical compliance (HIPAA, billing, HHH policies). The post-MIT3 quiz is a multiple choice quiz that tests these important components. Volunteers must be able to answer each item correctly on the quiz before being cleared to manage clinic independently.

How To: The quiz will be emailed out to MIT3 volunteers following their shift. Once the quiz has been completed online, MIT3s should email homes.manage@gmail.com to confirm their quiz completion. They should also attach to the email their completed MIT Milestone Checklist. After this email has been sent, the Associate Directors of Managers will review their quiz answers to confirm 100% correct. If all questions have been answered correctly, the Associate Directors of Managers will respond to their email with approval for the volunteer to manage clinic independently. If the volunteer scores less than 100% correct on the quiz, the Associate Directors of Managers will respond with appropriate learning points related to the items they missed and they will invite the volunteer to re-read the MIT training curriculum and retake the quiz.

Manager Responsibilities for MIT3

1. Expectations: MIT3 objectives/learning points should **ALWAYS** be completed on designated MIT day. Do not push these objectives to another MIT shift or make it another manager's responsibility to complete. Clinic is not over until you complete these objectives/learning points.
2. Allow the MIT3 to lead clinic.

    a. Remind MIT3 of essential management items (compliance, HIPAA, etc) if the manager has forgotten
3. Provide real-time feedback to the MIT3
    a. This includes feedback on time keeping, feedback on orientation/reflection, feedback on general workflow items.
4. Empower the MIT3 to respectfully tell the attending to “hurry up”
5. Verify with the MIT3 that the patient packet has been completed correctly
    a. Provide feedback if the packet is incorrect
6. Sign off on MIT3 training milestones
    a. Hardcopy document stored in clinic
7. Complete the QI Manager feedback survey
    a. Google form will be sent via email on Sunday afternoon after clinic
    b. Links can also be found on Manager checklist

Note: MiT responsibilities encompass <u>more</u> than the training milestones described here. You are responsible to stay and assist with all aspects of clinic (e.g. taking out trash) until clinic is closed and you are dismissed by the manager.

Manager-in-Training Name: _____ (Please Print Legibly)

Cell:

School Email:

MIT 1

- ☐ Get access to Manager Groupme and Manager Google Drive
- ☐ Observe Orientation
- ☐ Complete patient paperwork for one clinical team
- ☐ Learn how to lead triage (what we can offer / can't)
- ☐ Learn the clinic workflow (know the checklist)
- ☐ Learn where equipment is stored (e.g. bus passes, ophthalmoscope, mac-USB converter to print clinical note)
- ☐ Familiarize yourself with the office cabinet and HOMES paperwork (e.g. volunteer log in Excel)
- ☐ Observe Reflection Session

Manager Initials:_____

_____
Date

MIT 2

- ☐ Personally lead orientation
- ☐ IF you have never participated in triage: observe triage (shadow clinical students)
- ☐ Help health advocates print new resource cards using the colored cardstock and replenish the Resource Guides
- ☐ Patient Paperwork for one clinical team
- ☐ Personally lead Reflections

Manager Initials:_____

_____
Date:

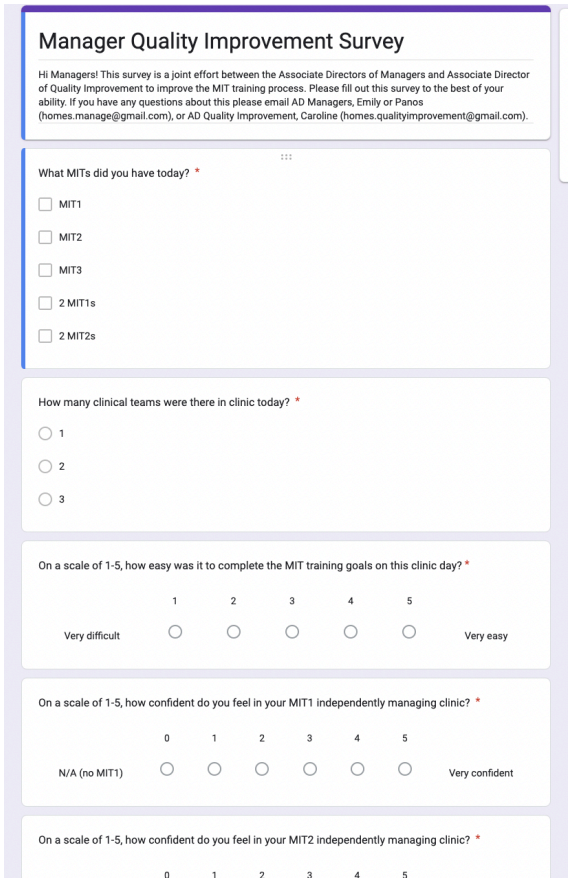
Assistant Manager

- ☐ Lead clinic with minimal support from manager
- ☐ Timekeeping: keep teams on task and ensure time keeping is being done

Manager Initials: _____

_____
Date:

MIT Quality Improvement survey



Manager Quality Improvement Survey

Hi Managers! This survey is a joint effort between the Associate Directors of Managers and Associate Director of Quality Improvement to improve the MIT training process. Please fill out this survey to the best of your ability. If you have any questions about this please email AD Managers, Emily or Panos (homes.manage@gmail.com), or AD Quality Improvement, Caroline (homes.qualityimprovement@gmail.com).

What MITs did you have today? *

- [ ] MIT1
- [ ] MIT2
- [ ] MIT3
- [ ] 2 MIT1s
- [ ] 2 MIT2s

How many clinical teams were there in clinic today? *

- ○ 1
- ○ 2
- ○ 3

On a scale of 1-5, how easy was it to complete the MIT training goals on this clinic day? *

	1	2	3	4	5	
Very difficult	○	○	○	○	○	Very easy

On a scale of 1-5, how confident do you feel in your MIT1 independently managing clinic? *

	0	1	2	3	4	5	
N/A (no MIT1)	○	○	○	○	○	○	Very confident

On a scale of 1-5, how confident do you feel in your MIT2 independently managing clinic? *

0 1 2 3 4 5

MIT: https://forms.gle/af54DfsU27aMzxNw6