PDW Clinic Guide

Structure

- Location
    - Yawkey 5B
    - There are 5 aisles of exam rooms, and a team of MAs will be responsible for each aisle
    - You will be assigned a room in advance of your session, and should receive an email telling you which room you are assigned to
    - You will stay in your assigned exam room for all visits that session

Timing

- First-years do PDW clinic Friday mornings
    - First patient slot is 9am and last patient is 11:30am
    - Usually six 30 minute slots
- Second-years or above do PDW clinic Friday afternoons
    - First patient slot is 1pm and last patient is 3:30pm
    - Usually six 30 minute slots

Precepting

- Prior to concluding a visit, you will “staff” the patient with an attending
- There are usually two attendings assigned to each clinic session and they will staff cases as they go
- Usually a brief presentation focused on the pertinent cardiology issues for the visit
- Depending on case complexity/stability the attending may or may not see the patient briefly with you and discuss the plan

Workflow

- Patient is checked in by MA who will do vitals (height/weight and BP) and check an ECG
- Patient will then be brought into exam room
- Perform your visit
- Precept with attending
- Conclude your visit
- Provide patient with check out form which details a) intended follow up, b) any labs to be drawn before they leave, and c) any tests that need to be scheduled by the front desk

Notes

- A lot of variation in how notes are done - completely up to you
- Send your note to the attending you staffed with to co-sign
- No clear timeframe on when a note is expected/required

Tips/Tricks

- Make sure you get pager notification turned on (you’ll learn about this during orientation)

        - You will get paged when a patient arrives
        - This is very helpful on rotations when it might be helpful to stick around slightly longer if your first patient is running late (e.g., MGH cath)
- Try to prep before your clinic visits
    - Visit will go much smoother
- Allot time for precepting
    - There can be a line to catch a preceptor, so if possible good to anticipate using 5 minutes of the visit for precepting
- Follow-up issues
    - For any random clinic issues or questions (clinical or not), Danita Sanborn will help you. She is almost always pageable
    - If she is away, then the general consult attending is covering clinic issues

Outpatient Caths

- Outpatient caths require several steps
    - Ask clinic coordinator to schedule a date
        - This involves asking the cath lab for their next available outpatient slot (usually weeks) and making sure this works for the patient
    - Ensure necessary items
        - BMP, CBC, coags within 30 days of cath date
        - ECG within 30 days of cath date
        - H+P with attending co-sign with 30 days of cath date
            - Can often get away with a co-signed “update note” or “documentation encounter” if there is a relatively recent complete H+P (even if the latter is a little outside 30 days)
            - If you are ordering a cath based on a clinic encounter, the attending you staff with should attest to that effect
            - If you are making the decision based on outpatient testing and so outside the context of a visit, staff your “update note” with Danita Sanborn
    - Cath day
        - The attending will call you with the cath result
            - So be available (or have a plan if you are not) that day