# Resident Continuity Clinic

DEPARTMENT OF OBSTETRICS & GYNECOLOGY

## Rules of the Road for the Arboretum Clinic PGY4

Last updated 3/14/2023 by Maya Gross

**Clinical Responsibilities**

**Inbaket:**
**Edit Pools: *click* TSP OBG RES RESIDENT**

The Arboretum Clinic PGY4 is expected to be available during normal business hours Monday to Friday. The responsibilities that the PGY4 has includes, but is not limited to:

- Supervising junior residents in clinic
- Reviewing results of laboratory studies, imaging, pathology, and other diagnostic testing, as well as acting upon those results or delegating action to others
- Being available to see add-on patients when clinically appropriate
- Maintaining and updating lists of patients requiring close outpatient follow-up
- Coordinating clinical care for patients (high risk OB, surgical)

**Weekly Schedule**

| | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|---|---|---|---|---|---|
| **AM** | Colposcopy vs. menopause | High risk clinic @ Meriter (rcc teaching before)<br><br>Context: mcm high risk peri | Ultrasound | Didactics | Arb. PGY4 Clinic |
| **PM** | Ultrasound<br><br>Context: Twenty s park ob ultrasound (3rd floor) | | | Preop Conference<br><br>*run high risk ob list | High Risk OB Conference<br>- get signout from Fri EPAC intern re: epac hcg needing f/u |

***Note:***

- Colposcopy clinics are held every **first** and **third** Monday.
- For ultrasound: TWENTY S PARK OB GYN US (provider is RES) - you only need to do the scan, and only chart on SIS/EMB
- High risk clinic (you are responsible for results / resulting in Meriter Epic) - MCM HIGH RISK PERI (Wednesday) - MCM Perinatal Resident - HRPC
- High Risk OB conference is held Thursdays/Fridays pending on team availability (Sharp, Nicole with social work)

**NOTE: ARB SURGERY PATIENTS = GYN RESPONSIBILITY**

In Basket: P TSP OBG RES CLINICAL ALL (everyone)
P TSP OBG RES RESIDENTS (the arb chief)
P TSP OBG 5th FLOOR SCHEDULERS ( schedulers)

To Do's

- ☐ Daily
  - ☐ Check Beta List
  - ☐ Check Meriter Arboretum Surgery List
    - ☐ check meriter path list and call the patient with result
  - ☐ Check Meriter In Basket for MFM patient results
  - ☐ Check the Physical inbasket in clinic for results from GHC/Peri and forms needing to be signed
  - ☐ Run list of patients coming into clinic that day and cross reference High Risk OB, Beta List, etc
- ☐ Weekly
  - ☐ Update Gyn Case Conference Xcel in Box
  - ☐ Run High Risk List Prior to Case conference
  - ☐ Look at Meriter surgery schedule for following week: ensure all operative patients for the following week have completed all necessary preoperative clearance (Thursday following Preop Conference)
  - ☐ Email RCC updates to chiefs to add to the "RCC Reminders" Document hosted on the Residency Google Website (Last completed 8/2021)
- ☐ Per Rotation
  - ☐ Run Abnormal Pap List x 1
    - ☐ -Anyone at risk of not following up
    - ☐ -High grade dysplasia that is not treated yet (to make sure that someone doesn't fall through the cracks with scheduling a colp)
    - ☐ -High grade with positive margin
    - ☐ -pregnant patients requiring postpartum follow-up
    - ☐ -AIS (that is not treated with a hyst)
    - ☐ **REMOVE ALL PEOPLE NOT MEETING THIS CRITERIA**
  - ☐ Review Arb OB patient list and remove old entries

**Teaching**
The RCC chief is responsible for facilitating the weekly outpatient teaching curriculum (link below)
https://docs.google.com/spreadsheets/d/1DKETJg2E_6W-fg6R6PKZP5JIavidh7_0IFu4QSaW2AY/edit?usp=drive_open&ouid=112920619737494172442

Facilitator guides:
https://drive.google.com/drive/folders/1pZt7J2YF0Yx8gqk595BeN7WknWOEwHWO

The RCC chief is responsible for creating one teaching curriculum topic each block.

Instructions located here:
https://docs.google.com/document/d/1sZ8SzyMGvyodIz87EeU4LpuBxiiiMCPAcUS2LzLmPEg/edit

**Regarding Add-on Patients**

The Resident Clinic is frequently called upon to see patients as add-ons. These add-on visits can be challenging for a variety of reasons. At times, the necessity for the patient to be seen urgently is questionable. How and when to schedule add-on patients is at your discretion. You may see them yourself. You may also delegate it to a resident who is in clinic at a time you deem appropriate for the patient to be seen.

Please note that as a PGY4, you are much better prepared to see additional patients rather than, for example, a PGY2, even if they are already expected to be in clinic. I would recommend if the clinic staff ask you to see a patient, be a good citizen and add them onto your schedule – frequently considerable effort has already been made by them to arrange for the add-on patient to be seen at a time with an open schedule spot.

**Be aware that if you see at least 2 patients in a half-day, you are permitted to count that half-day towards your continuity clinic graduation requirement.**

If you would like to see a patient as an add-on, please communicate with clinical staff before you offer a date/time to the patient. Some visit types require considerable coordination; for example, staff may need to book the procedure room, check their own availability to room your add-on, and check the timing of longer appointments/procedures, especially in the afternoon.

You may occasionally be asked to see patients on your schedule that were originally scheduled with another resident [e.g. the resident is stuck in the OR or the patient arrives late and still needs to be seen]. Be aware that UW Health institutional policy is that if a patient shows up on the day of her appointment, even if she is significantly late, every effort must be made to see the patient on the same day as the originally scheduled appointment. Reception and clinical staff will do their best to offer alternate appointments, but if they have gotten as far as asking you to see the patient last-minute, chances are they [and the patient] are already considerably frustrated. Please be a good co-resident/colleague and try to see these patients whenever feasible.

**Sending Risk Letters**

Occasionally a clinic patient will not follow through with recommendations for various reasons despite support from social work and the clinic. In such situations where patients are not making scheduled appointments and risking incurring harm to themselves/their fetuses, the RCC staff has developed in collaboration with social work a Risk Letter, to be sent to patients with frequent no shows that may incur harm to themselves as a result. This letter template is .rccriskletter and should be completed and documented as completed and sent in the EMR when necessary.

**The Arboretum Lists**

*High Risk OB List*

This list contains any patient that you, other residents, or the clinical staff deem to be high risk. There are no strict criteria as to what makes a patient high risk. The most common way a patient will be triaged onto this list is when they call to establish care and the clinical nurse identifies clinical factors that may make the patient to be high risk [e.g. high BMI, chronic hypertension, diabetes]. However, patients that establish late in pregnancy or are transfers of care may be missed. Part of your role as the PGY4 is to monitor the results that come across your in basket to make sure that any patients who should be on this list are there. Weekly, the list will be reviewed with the clinical staff, Dr. Sharp, and the clinic social worker. This interdisciplinary conference is to be led by the PGY4. Please note that this list includes a column entitled *Specialty Comments* that can be used to keep track of items to-do similar to an inpatient list. This can be edited by opening *Snapshot* in the patient's chart. These comments need to be deleted once the patient delivers. It is the responsibility of the PGY4 to complete action items on this list or to delegate them to clinical staff. This list should be reviewed weekly.

*Abnormal Pap List*

People to be included on this list:
-Anyone at risk of not following up
-High grade dysplasia that is not treated yet (to make sure that someone doesn't fall through the cracks with scheduling a colp)
-High grade with positive margin
-pregnant patients requiring postpartum follow-up
-AIS (that is not treated with a hyst)

As you are the individual who frequently will identify their abnormal result, please ensure the patient is added to this list when it comes through the *In Basket*. If you have already determined the necessary follow-up for the patient in the course of reviewing the list, please include it in detail in your message to clinical staff when you ask them to contact the patient. It avoids unnecessary duplication of work on their part because they will input that information into their letter to the patient. Clinical staff will contact the patient via letter/phone call/MyChart the first time. The second contact is a certified letter. If there is no response after a certified letter is sent, the patient may be removed from the list. This list should be reviewed once per rotation.

*Beta-hCG List*

This list should include any patients for which serial beta-hCG measurements are being done [e.g. ectopic pregnancy, molar pregnancy, pregnancy of unknown location]. The clinical staff frequently add patients to this list. However, when you review a quantitative beta-hCG measurement, consider whether the patient should be added to this list. Patients may be removed from this list at your discretion, typically when the indication for serial beta-hCG monitoring has resolved. This list should be reviewed at least daily.

*Meriter Procedure List*

Patients who have undergone surgery at Meriter are added to this list to follow up on final pathology. The pathology results go to the staff in Meriter epic and do not come to the inbasket. These can still be released on MyChart to patients. This list should be checked daily and patients should be contacted by the PGY4 or the clinical staff at your discretion to disclose results and discuss follow up plans.

*RCC Surgery List*

This list is for any RCC patients undergoing surgery who have follow up needs, either identified during workup or at preop conference. Create a blue sticky note with the date of surgery at the top, followed by the procedure, so that the RCC chief can sort patients and identify upcoming surgeries with outstanding needs. This is not for basic things like EKG needed prior to HSC, but rather should be for big ticket items like PCP clearance for medically complicated patients, tumor markers, or other important follow up items. Remove patients when there are no longer outstanding items.

**Managing Results**

*The In Basket*

The results of diagnostic tests [e.g. labs, imaging, pathology, etc.] can arrive in a number of ways. The most common way that tests can result is through the Epic In Basket. Our institution has policies regarding clinical messages [e.g. results] that come through the In Basket. To summarize them, before anyone can hit 'Done' on a result, the following steps must take place:

1. Review the information in the message (e.g. lab, imaging)
2. Consider the impact of that information.

3. Make a decision about what action is needed, if any.
4. Execute or delegate the action needed.
5. Communicate the information to the patient or delegate that communication to another member of the clinical staff.
6. Document on points 3, 4, and 5 above.

The results that arrive in the *In Basket* should be managed promptly. This allows you to avoid dealing with numerous results, some of which may be time sensitive, at the end of the work day or at another time when options for managing those results can be more limited. Completing your review and delegation of the results also allows the clinical staff to manage the results over the course of the work day. If not done so already, it is strongly recommended to 'empty' the *In Basket* before leaving at the end of the day.

In practice, the most common way these requirements are completed is by the Arboretum PGY4 reviewing the result and then delegating it to the clinical staff for steps 4 and 5 above. The following steps accomplish this:

1. Select a message in the *Results* tab of the In Basket
2. Review the selected result and determine what action is necessary, if any.
3. In the action bar above the result message on the right side of the screen, select *Result Note*.
4. On the left side of the screen, select the resulted orders you wish to take action on.
5. Uncheck *Route Note To*.
6. In the box at the bottom of the screen, type your interpretation of the result and any follow-up that might be required.
7. Click *Accept*.

From this point, the clinical staff will contact the patient – either by phone, letter, or MyChart message – with the result and any additional information you might want communicated related to the result. Please note – you should rarely hit *Done* yourself. Rather, the clinical staff will *Done* results when they have been communicated to the patient.

How about an example. Let's say you have the results for a 21 year-old patient who just had her first cervical cancer screening result. You have her normal cytology result available. Here are the steps to take:

1. Select the new Pap smear result.
2. Review the report.
3. Clinic *Result Note*.
4. Check the Pap smear on the left side of the screen; uncheck the *Route Note To*.
5. Type in the box at the bottom of the screen: "Please inform patient of normal cervical cancer screening – repeat cytology in 3 year."
6. Click *Accept*.

You do have the option of sending MyChart messages yourself. If a patient has MyChart set up, the clinical staff will communicate the result and any related information via a MyChart message. It can improve clinic efficiency for you to do this yourself with straightforward results. To do this, follow the same steps as above. Instead of writing a note the clinical staff with your interpretation of the result, write a note to the patient in the MyChart message box. To use the same patient as above for an example:

Dear [name],

The results of your Pap smear was normal. You should have a repeat Pap smear in 3 years. Please call the clinic with any questions.

[signature]

Both RNs and MAs can/will occasionally handle clear-cut, normal results independently (e.g. normal GTT, negative GBS). RNs can treat STIs and anemia independently under the delegation protocols, but MAs cannot. Please be aware that although clinical staff often know the appropriate course of action for routine test results, they technically require you to comment on anything that requires an order or a prescription

because it is outside their scope of practice to do so. Stating that "Patient has chlamydia. Please prescribe azithro 1g once and EPT" is sufficient, whereas "Please treat for chlamydia" is not.

*Faxed Results*

Some results will not come to you via the *In Basket*. These are most frequently prenatal ultrasounds done by Perinatology at Meriter or any result that comes from Group Health Cooperative. When they arrive, they will be placed physical in basket labeled *Incoming* on your desk. Review them and then sign your name on the first page of the faxed results. It is helpful to include a brief note on your interpretation of the result as well. When you have done this, place them in the basket labeled *Completed for Clinical Staff*.

*When to Call a Patient Yourself*

The majority of results can be communicated to patients by the clinical staff. However, some results may be better conveyed to a patient by a physician. It is ultimately your judgment call to make as to whether you or one of the clinical staff should call. As a general rule, if you anticipate the patient having many questions about the result or management thereof, it is probably more appropriate for you to call. If you find yourself needing to explain the result at any particular length to the clinical staff, it is probably better for you to call – it is uncommon for them to need clarification, and if they do it is likely the patient would as well. Any abnormal or unexpected pathology results [e.g. endometrial biopsies, colposcopy results] should be communicated by you, particularly if the result shows cancer or requires surgery. Some clinical staff are comfortable communicating colposcopy and LEEP results, unless it is AIS or cancer. Most abnormal imaging studies should be followed up with a telephone call from you to the patient as well. Any results you communicate via a telephone call must be documented in a telephone note. Please note that when you do call a patient, after reviewing the result with her, you can choose to have the patient follow-up in clinic for a discussion of further management.

*When You Can Done Results Yourself*

You may *Done* results that arrived via fax that you have already reviewed and arrive in the *In Basket* after they have been scanned. You can *Done* results if you sent a MyChart message directly to the patient regarding them. Finally, you may *Done* results if they are communicated to the patient in clinic [e.g. a urine pregnancy test before an IUD placement].

**Regarding Absences & Surgical Case Coverage**

The Arboretum Clinic PGY4 rotation is frequently used by those residents in fellowship pursuit as an absence from clinic may be somewhat less disruptive than an absence from an inpatient rotation. Please recognize that an absence from the Arboretum Clinic is still disruptive. All absences must be granted through the residency program's absence approval process. To minimize disruptions, please make every effort to notify and then frequently remind the clinic staff when you will be away and unavailable. Make the clinic receptionists aware of your absence, so patients are not inadvertently added onto your schedule with the incorrect assumption you will be in clinic. However, asking the receptionists to block off your schedule prior to obtaining an excused absence is not permitted. You are responsible for identifying another PGY4 who will be tasked with emptying the Epic *In Basket*.

Periodically, the PGY4 is asked to participate in a surgical case if there is inadequate coverage from that inpatient resident team. Either the senior resident on that inpatient team or the PGY4 should request permission to leave clinic to participate in the case – this should be done with as much advance notice as possible. The PGY4 must communicate to the clinical staff regarding when he or she will be physically away from the clinic; this may include notifying the clinic receptionists to block off time on your schedule, as well. The PGY4 is still expected to complete all clinic responsibilities [e.g. promptly emptying the *In Basket*, addressing issues identified by clinical staff]. Please note, the case to be covered by the PGY4 should have sufficient educational value such that it would be considered a missed opportunity for a resident not to participate. Additionally, the Arboretum Clinic PGY4 should not be considered the 'go-to' resident for case coverage and alternative coverage strategies should be considered. Rescheduling patients with previously established appointments is discouraged for the purpose of the Arboretum Clinic PGY4 providing case coverage. You are expected to update the white board at the Chief desk on a weekly basis with your schedule. If you will be out of the clinic for any reason, you will need to write the name of the resident who is covering the *In Basket* and/or urgent questions for the day.

**Gyn Preoperative Conference**

On Thursdays at noon Gyn Preoperative Case Conference takes place. This is attended by Dr. Sharp, the RCC PGY4 and MH Gynecology team. The RCC Chief adds patients to the box list week to week and the MH Gyn chief similarly assigns residents to present these cases during the conference. When the list is longer, the MH Gyn chief may ask the RCC chief to present select patients as well. The RCC chief is responsible for facilitating and documenting notes on the case discussion and then executing plans and ordering additional studies based on outcomes of the conference prior to a scheduled surgery. These recommendations can be documented within the Box folder and in the patient's team sticky note in their epic chart. If you are unable to attend this conference, discussion with the MH PGY4 should occur to ensure someone takes notes and documents on necessary follow up plans for each patient.