

Chief Notes: Family Care
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Time Schedule:

Interns 1 hour for first 3 months of year, then 30min per pt

First 6 mo need to have attending see all of your patients

Last 6 months: not necessary to have attending see all your patients, but

ALWAYS required to present each patient (can present at end of PM or after q patient)

2nd year: 20 min per patient

3rd year: 15min per patient

Last 6 months only required to go over in detail one patient with attending teaching, or other charts if questions

Special Start times: Family Care:

Post NERD starts at 8:20am

Post OB/ER-1 starts at 9am

While on surgery service FCC starts at 9:45am

Communication with staff:

If you need RN assistance during clinic, ask or put up red flag on your door to notify them

If you need RN assistance after clinic and need something done: highlight or flag to do area to make sure it is seen

Chart check: Chart checks are an option for checking on a lab after you leave clinic (example: Chart check INR, goal 2-3; or chart check urine culture, page MD if positive). This is helpful since you are not in clinic regularly. It's a good idea to keep your own list of pending important labs and consults on your patients from FCC.

If there is something that is ordered before the weekend that won't result until weekend, sign it out to a resident/attending on over the weekend, or else won't result until Monday

Procedures:

Remember: time outs, labeling of sterile fluids, logging procedures

Pap smears: should always be done with chaperone

Paracentesis: done in clinic room

IUD: in clinic room, needs neg GC/CT in last 3 months, needs neg hcg the day of procedure, and normal PAP

Colposcopy: in procedure room, need negative HCG

Vasectomy: needs preop and consent 30 days prior to procedure, instructions to shave scrotum prior and wear supportive underwear to appointment, done in procedure room

Skin biopsy: in clinic room

Bump removal: in clinic room

EMB: needs neg hcg, done in clinic room

Pessary fitting: in clinic room with appropriate attending

Implanon placement: needs special training, pending for residents

Joint injection: in clinic room

Coding: you can only code 99204, 99205, 99214 or 99215 if attending sees that patient procedure room vs. treatment room. Based on WHERE the visit took place, not what you did.

Forms:

Referrals: see venturafamilymed.org for specific details for each subspecialty

For colonoscopy may refer to FCC residents without referral paperwork

Diagnosis sheet (Problem List): After each visit, update your diagnosis sheet

PT: fill out PT slip, if they have medical or another type of insurance you may write it on an rx and they can go to anywhere they like that takes that insurance

IUR: for medical devices, procedures that require authorization

MRI: make sure you place on the location. Pt's need dictated h+p/pn, CPT and ICD-9

Coumadin flow sheet: make sure you place your goals, start date

Diabetic health maintenance flow sheet: Check it each time you see DM patients

Health Maintenance flow sheet: keep up to date, it will help you

Pain contract: must make copies of your narc scripts, needs monthly visits, has signed pain contract in chart.

Other handouts: ask your MOA/RN for: lactation clinic brochures, mini-mental status forms etc

Vacation:

Make sure you put a sign on your cubby so the staff doesn't page you, or give an urgent abnormal result in your box

Being efficient:

-Consider bringing scripts in with you to see patient, you can write them as you are going over their med reconciliation form

-If there is no available attending, avoid looking around FCC for one, have your MOA page while you do something else

- If you see another resident's FCC patient, as a courtesy, put an order for a copy to be made and placed in their PMD's box or send a #SECURE# email to them

- You do NOT need to address every chronic medical problem at every visit. Do not hesitate to schedule q week appointments for a while until multiple medical problems are addressed.
- Have a plan for each patient before you enter the room
- Don't be afraid to tell a patient, "Mr. Smith, unfortunately we do not have enough time to address that today. Since I want to give that the attention that it deserves, let's talk about it first the next time we see each other."