

Chief Notes: Family Care  
by Michelle Yates, M.D. And Mish Mizrahi, M.D.  
*last updated June 2011*

**Time Schedule:**

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

- First 6 months, the attending must see all of your patients
- Last 6 months: not necessary to have attending see all your patients, but each **MUST** be presented, either at the end of day or after each patient.

2nd year: 20 min per patient

3rd year: 15 min per patient

- Last 6 months: only required to go over one patient in detail with an attending per half day; encouraged to discuss other charts if you have questions

*All residents:* look for opportunities to invite the attendings into the rooms to teach!

**Special Start times:**

Post-NERD and post-NICE starts at 8:20am

While on surgery service, AFMC starts at 9:45am

**Communication with staff:**

RN assistance during clinic: ASK!

RN assistance after clinic: highlight or flag to-do area in the chart 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 that won't result until weekend, sign it out to a resident/attending on over the weekend, or else it won't be seen until Monday

**Procedures:**

Ultrasounds: AFMC ultrasounds can **ONLY** be done with an attending present, even if just checking for a heart beat or vertex position. Please call an attending with OB privileges before doing these.

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, neg hCG the day of procedure, and nl PAP

Colposcopy: in procedure room, need negative hCG

Vasectomy: needs preop visit 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: schedule with an attending that is certified

Joint injection: in clinic room

**Coding:**

You can only code 99204, 99205, 99214 or 99215 if an attending sees the patient.

Procedure room vs treatment room is based on WHERE the visit took place, not what you did.

**Forms:**

Referrals: See new sheet in AFMC

Problem List: Update after each visit, this will help you in the future, as well as your colleagues who might see your patient as a triage

Medication list: Update after each visit. These will be referenced if your patient's pharmacy requests a refill. If not on the med sheet, the nurse/attending getting the triage request will not approve.

Medication prescriptions: Give to your MOA who will make a copy and then give to your patient, which allows us to keep a record in the chart in case patient loses the Rx or needs a refill

Physical Therapy : 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: submit for medical devices and procedures that require authorization

MRI: Need dictated h&p or progress note, CPT and ICD-9

Coumadin flow sheet: make sure you include your INR goals, start date. Run by attending if you have a question

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, need monthly visits, have signed pain contract.

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 you see another resident's AFMC 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

- Have at least a tentative plan for each patient before you enter the room

- 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.

- 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."