RESIDENT HANDBOOK

PURPOSE

The purpose of the Resident Handbook is to summarize information and responsibilities regarding the Altru Family Medicine Residency. Much of the material is reviewed during Orientation Week and at other times during the residency. his Handbook should allow each resident-fellow to review core material whenever necessary. The handbook is also available in electronic form at altru.org/fmr. Please refer to altru.org/fmr for complete information in each of the sections highlighted in the handbook.

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OUTLINE

MISSION STATEMENT: Altru Family Medicine Residency trains family medicine physicians to practice full scope comprehensive medicine across the spectrum of health care. This will be achieved with a commitment to provide the skills and background to care for patients in all settings, including the unique challenge of rural medicine.

General Overview:

Graduate medical education is the crucial step of professional development between medical school and autonomous clinical practice. It is in this vital phase of the continuum of medical education that residents learn to provide optimal patient care under the supervision of faculty members who not only instruct, but serve as role models of excellence, compassion, professionalism, and scholarship.

Graduate medical education transforms medical students into physician scholars who care for the patient, family, and a diverse community; create and integrate new knowledge into practice; and educate future generations of physicians to serve the public. Practice patterns established during graduate medical education persist many years later.

Graduate medical education has as a core tenet the graded authority and responsibility for patient care. The care of patients is undertaken with appropriate faculty supervision and conditional independence, allowing residents to attain the knowledge, skills, attitudes, and empathy required for autonomous practice. Graduate medical education develops physicians who focus on excellence in delivery of safe, equitable, affordable, quality care; and the health of the populations they serve. Graduate medical education values the strength that a diverse group of physicians brings to medical care.

Graduate medical education occurs in clinical settings that establish the foundation for practice-based and lifelong learning. The professional development of the physician, begun in medical school, continues through faculty modeling of the effacement of self-interest in a humanistic environment that emphasizes joy in curiosity, problem-solving, academic rigor, and discovery. This transformation is often physically, emotionally, and intellectually demanding and occurs in a variety of clinical learning environments committed to graduate medical education and the well-being of patients, residents, fellows, faculty members, students, and all members of the health care team.

Definition of Specialty

Family physicians are specialists in primary care for individuals of all ages. This personalized care is provided within the context of their families and communities through accessible, comprehensive, continuous, and coordinated care. Family physicians champion holistic, empathic, compassionate, equitable, culturally humble, and relationship-based care to patients across the broad spectrum of society.

Family physicians provide first contact care. They have expertise in preventive medicine, as well as in managing complexities and co-morbidities through coordinated interdisciplinary and inter-professional care. They advocate for high quality, cost-effective, and high value care which improves health outcomes and patient satisfaction. Through knowledge of structural determinants of health, family physicians advance equity in health care for all.

Family physicians provide first contact care within the context of their patients' families and community, often caring for multigenerational members of the same family. This opportunity for contextual care gives family physicians an important perspective for understanding barriers to health. They use critical thinking skills in the service of understanding the patient illness experience to arrive at a common shared therapeutic approach.

Family physicians are skilled in behavioral health. Recognizing the interrelationship of mental and physical health, they work to address the barriers and challenges of accessing behavioral health care in our complex society.

Family physicians excel at coordinated team-based care and advocate for high value care their partnership with diverse, interprofessional teams. They are superb communicators and serve as teachers to patients, colleagues, and community groups. Family physicians employ respect and compassion with colleagues, allied health professionals, patients, and patients' families. They serve as members and leaders of the multiple teams required to provide complex and coordinated care.

Family physicians are lifelong learners who engage in self-reflection to become master adaptive learners to address their professional development needs. Family physicians advocate for social justice and ethical principles to remove barriers to equitable care for all populations. They advocate for their patients through the development and promotion of health policy by working with local organizations and partnering to promote better health within the intricacies of the health care system.

Family physicians critically analyze and appropriately apply in-person and remote technology to enhance personalized patient care.

PROGRAM GOALS AND OBJECTIVES

Goals

To develop family physicians capable of, and dedicated to, meeting the needs of patients in challenging circumstances, with self-sufficiency, reliance, and commitment to professional growth.

Objectives

An optimal learning environment based on strong ambulatory and inpatient experiences. Clinical curiosity and self-evaluation skills.

Attainment of competence in medical knowledge, patient care, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

Appropriate self-confidence by encouraging autonomy commensurate with development.

Strong role modeling from experienced clinicians combining scholarship and substantial practice.

A commitment to improve the quality and safety of patient care.

Emphasis on the responsibility of the physician to maintain personal well-being and support other members of the health care team.

Practices that focus on mission-driven, ongoing systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows, and faculty members.

Rationale

Family physicians enjoy a relationship with patient and family that includes trust and obligation. The most effective possess strong interpersonal and communication skills and their care shows responsibility and professionalism. Effective care requires sound medical knowledge and rigorous clinical logic. Further, since contemporary practice involves complex, systems of health care delivery, experience of systems and resource utilization is fundamental. Finally, since knowledge changes constantly, physicians must be adept at reading scientific literature, be able to separate the good from the bad, and be able to integrate those advances that are genuinely beneficial into daily practice.

EDUCATIONAL GOAL

The educational goal is to develop Family Physicians in the six competencies of medical education and the procedures commonly performed by Family Physicians in clinical practice.

The residency program believes that Family Medicine represents the entry point into the health care system for approximately 85% of the populace and that family physicians should be able to look after 90% of the problems presented to them by their patients. For the things, which they can't handle, they should serve as the patient's advocate and case manager. The two principal activities associated with primary care are prevention and early intervention and based on his/her knowledge of the patient and his family, the family physician is in an excellent position to prevent or minimize disease by alerting his/her patient to adverse biological, environmental and lifestyle factors. The family physician is also trained to incorporate the principles of wellness, nutrition, immunization, psychological well-being, and patient education in the provision of primary medical care. Additionally, he/she can appreciate that the diagnosis and management of a patient's distress is not limited to organic causes and to consider the stresses and support qualities inherent in the family system. Since family dynamics figure significantly in the health of an individual, the family physician administers patient care and treatment within the context of the family, nuclear or communal.

The program strives to prepare medical school graduates for careers as family physicians, enabling them to enter practice with the knowledge and skill necessary to provide optimal primary care. It also strives to motivate them to:

1. Deliver high quality primary care
2. Remain board certified and relicensed through continuing medical education
3. Recognize their responsibilities to family, associates, and community

The program also believes that the graduate is ultimately responsible for his/her continuing medical education. Hence, emphasis is placed on developing ongoing self-directed techniques which will enable the graduate to adapt to changing medical practice. Residents are dissuaded from developing protocols but are instead encouraged to leave audit trails which reflect logical cost effective, clinical reasoning.

The most effective learning requires reinforcement provided by the opportunity to practice new-found skills with as much clinical responsibility as is compatible with good patient care.

To achieve these goals, the program has developed an integrated model, with the community faculty delivering the major portion of clinical teaching and support. Community faculty are selected from respected role models within the community who have demonstrated a sustained interest in medical education.

TEACHING FACILITIES

Family Medicine Residency Clinic
Address: 725 Hamline Street, Grand Forks, North Dakota 58203
Hours: 8:00 am – 5:00 pm

Building Security

Altru Family Medicine Residency must be secure during non-working hours. Should you discover a security problem, please notify UND Police at 777-2591 and Altru Security 780-5000.

All staff are issued an identification badge. This badge provides access to appropriate locations throughout the health system.

Altru Hospital
277 beds, more than 25,000 ER visits
Built in 1976
Site for most of in-hospital educational program

PAGERS

The pagers that you carry belong to Altru Health System. Batteries may be obtained at the Altru Health System front desk or from the Program Coordinator at the center.

If you feel that your beeper is not working properly, take it to Information Services or the switchboard at Altru Health System for repair or the Program Coordinator in the FMR clinic.

Must be on 24/7 unless you are on official vacation or post-call, in which case your cell phone number may be provided to the OB floor if you choose to be contacted for a continuity OB patient.

PAYROLL

All residents are paid through Altru Health System. Pay dates are every other Friday and will be direct deposited on each payday.

Problems with payroll functions should be directed to the Program Coordinator.

GENERAL RESIDENT INFORMATION

ACGME SIX COMPETENCIES

In 1999, the ACGME Outcome Project introduced six domains on which residency programs would be mandated to focus their efforts to improve educational and assessment processes. These competencies are *Patient Care, Medical Knowledge, Professionalism, Systems-based Practice, Practice-based Learning and Improvement, and Interpersonal and Communications Skills*. Objective assessments of the six core competencies areas will mapped to the family medicine specific milestones provided by the ACGME as a progressive assessment of resident performance.

Currently, programs are expected to demonstrate that they are developing educational activities and assessment tools that provide useful and increasingly valid, reliable evidence that their residents are achieving competency-based objectives and that the programs themselves are effective in preparing residents for medical practice.

Description

Patient Care and Procedural Skills

Residents will be able to provide patient care that is patient- and family-centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. Residents will demonstrate competence to independently:

- integrate the family medicine approach to patients of all ages and life stages, including:
    - whole person care, family-centeredness, community-focused care, prioritizing continuity of care, first-contact access to care, coordination of complex care, and understanding allostatic load and the structural determinants of health,
    - understanding family dynamics, to include impact of adverse childhood experiences; and,
    - addressing behavioral health and inequities in health and health care.
- diagnose, manage, and integrate the care of patients of all ages in various outpatient settings, including the FMP and home environment; to include common chronic medical conditions and acute medical problems,
- diagnose, manage, and integrate the care of patients of all ages in various inpatient settings, including hospitals, long-term care facilities, and rehabilitation facilities,
- identify risk level of patients in panels and connect with appropriate preventive care coordination through team-based support,
- identify the need for a higher level of care setting and/or subspecialty referral in the undifferentiated patient,
- apply the biopsychosocial model of health to patients, specifically to assess behavioral, community, environmental, socioeconomic, and family influences on the health of patients, and integrate those with biomedical influences, appropriately acknowledging racial categories as social constructs as opposed to biologically distinct determinants of health,
- use technology to provide accessible care, i.e., via telehealth,
- provide routine newborn care, including neonatal care following birth,
- deliver preventive health care to children, including for development, nutrition, exercise, immunization, and addressing social determinants of health,
- provide the recognition, triage, stabilization, and management of ill children,
- provide care to patients who may become pregnant, including:

    - diagnosing pregnancy and managing early pregnancy complications, to include diagnosis of ectopic pregnancy loss, and options education for unintended pregnancy,
    - low-risk prenatal care,
    - care of common medical problems arising from pregnancy or coexisting with pregnancy,
    - performing an uncomplicated spontaneous vaginal delivery,
    - demonstrating basic skills in managing obstetrical emergencies; and,
    - postpartum care, to include screening and treatment for postpartum depression, breastfeeding support, and family planning.
- provide care to patients undergoing surgical intervention, including:
    - providing pre- and post-operative care,
    - recognizing patients requiring acute surgical intervention; and,
    - diagnosing surgical problems.
- use multiple information sources to develop a personal patient care plan for patients based on current medical evidence and the biopsychosocial model of health,
- identify and address significant life transitions in their full biopsychosocial and spiritual dimensions, including birth, the transition to parenthood, and end-of-life, for patients and patients' families,
- address suffering in all its dimensions for patients and patients' families; and,
- perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.

Medical Knowledge

Residents will demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care.

- Residents must demonstrate proficiency in their knowledge of the broad spectrum of clinical disorders seen in the practice of family medicine.
- Residents must recognize the impact of the intersection of social and governmental contexts, including community resources, family structure, trauma, racial inequities, mental illness, and addiction on health and health care received.

Practice-Based Learning and Improvement

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Residents will demonstrate competence in:

- identifying strengths, deficiencies, and limits in one's knowledge and expertise,
- setting learning and improvement goals,
- identifying and performing appropriate learning activities,
- systematically analyzing practice using quality improvement methods, including activities aimed at reducing health care disparities, and implementing changes with the goal of practice improvement,
- incorporating feedback and formative evaluation into daily practice,
- locating, appraising, and assimilating evidence from scientific studies related to their patients' health problems;,
- recognizing and pursuing individual career goals that incorporate consideration of local community needs and resources; and,

- demonstrating durable personal processes to respond to indicators of individual practice gaps and opportunities for improvement.

Interpersonal and Communication Skills

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents will demonstrate competence in:

- communicating effectively with patients and patients' families, as appropriate, across a broad range of socioeconomic circumstances, cultural backgrounds, and language capabilities, learning to engage interpretive services as required to provide appropriate care to each patient,
- communicating effectively with physicians, other health professionals, and health-related agencies,
- working effectively as a member or leader of a health care team or other professional group,
- educating patients, patients' families, students, other residents, and other health professionals,
- acting in a consultative role to other physicians and health professionals,
- maintaining comprehensive, timely, and legible health care records, if applicable;,
- establishing a trusted relationship with patients and patients' caregivers and/or families to elicit shared prioritization and decision-making; and,
- learn to address end-of-life goals and align with patient treatment preferences in the outpatient setting for advanced or serious illness.

Professionalism

Residents must demonstrate a commitment to professionalism and an adherence to ethical principles. Residents will demonstrate competence in:

- compassion, integrity, and respect for others,
- responsiveness to patient needs that supersedes self-interest,
- cultural humility,
- respect for patient privacy and autonomy,
- accountability to patients, society, and the profession,
- respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation,
- ability to recognize and develop a plan for one's own personal and professional well-being; and,
- appropriately disclosing and addressing conflict or duality of interest.

Systems-Based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. Residents will demonstrate competence in:

- working effectively in various health care delivery settings and systems relevant to their clinical specialty,
- coordinating patient care across the health care continuum and beyond as relevant to their clinical specialty,
- advocating for quality patient care and optimal patient care systems,
- participating in identifying system errors and implementing potential systems solutions,
- incorporating considerations of value, equity, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate,
- understanding health care finances and its impact on individual patients' health decisions,
- using tools and techniques that promote patient safety and disclosure of patient safety events (real or simulated); and,
- advocate for patients within the health care system to achieve the patient's and patient's family's care goals, including, when appropriate, end-of-life goals.
    - Residents will recognize and utilize community resources to promote the health of the population Family Medicine and partner with those resources to respond to community needs.

FMR CLINIC

CLINIC SCHEDULE GUIDELINES

1. A minimum of three residents, preferably four, will be scheduled per half-day unless special provisions have been made.
2. Clinic days:
    - PGY-3: 4-5 half-days per week
    - PGY-2: 3-4 half-days per week
    - PGY-1: 1-2 half-days per week
3. Frequency of appointments
    - PGY-3: 20 minutes
    - PGY-2: 30 minutes
    - PGY-1:
        - May not see Medicare patients until January 1st of PGY-1
        - All PGY-1 residents will have 60-minute appointments until the Clinical Competency Committee has promoted the resident to 40-minute appointments.
4. The maximum number of patients seen by any resident for ½ day of clinic is 10.
5. Residents may not refuse to see a patient if the patient is late for the scheduled appointment.
6. Residents may not review their schedule and ask scheduled appointments to be removed without consent of the Program Coordinator.
7. NICU rotation is no AM morning clinic.
8. Family Practice Teaching Service (FPTS) rotation is PM only.
9. Patients are scheduled beginning at 9:00 am to 11:30 am and from 1:15 pm to 4:30 pm except on the teaching service. Residents on the teaching service rotation will end clinic as a 2nd year at 3:35 and at 3:45 as a 3rd year resident. Residents working in the express clinic start at 8:00 am.
10. "Establish care" appointments should not be made for PGY-3 residents graduating in the next three months unless future employment is in Grand Forks.

NURSES STATION & EXAMINATION ROOMS

1. Flag System
   Each patient room is equipped with a flag system to identify which doctor's patient is being seen. Every physician who practices at the Family Medicine Residency has a different combination of flag colors. A yellow and red flag means the nurse is in with your patient. She/he will lay them down when the patient is ready for the physician and display the physician's colors. When physicians have finished with their patients, they should lay all the flags down to signify the room is empty.
2. **No** eating or drinking is allowed at the nursing station.

APPOINTMENTS

Centralized scheduling and FMR front desk staff are primarily responsible for patient scheduling. Appointments can be made by telephone or My Chart.

Patient Scheduling
Procedures that are known to take a longer amount of time by the receptionist or physician will be scheduled accordingly.

Any special requests by a physician regarding scheduling are brought to the attention of the Program Coordinator.

If a physician asks an unscheduled patient to come to the clinic, the front desk and your nurse must be notified.

Residents are expected to stay in the clinic area during their scheduled hours to cover any walk-ins or late scheduling of patients. Residents who do not have hospital-patient care responsibilities, must stay in the clinic until 5:00 PM.

If a physician is delayed for a scheduled appointment at the clinic, always notify the Program Coordinator and your nurse.

Check In
As the patient arrives, he/she will register with the front desk personnel who will check them in through the EPIC system. All pertinent information is rechecked with the patient to assure proper billing. It is the responsibility of the receptionists, nurses, lab and x-ray technicians to monitor the patient schedules and ensure that patients wait a minimum amount of time in the waiting room and are escorted properly to an examination room as soon as possible.

Patients who fail to arrive for scheduled appointments are listed as a “no show” on the schedule and this is documented in the patient chart. After three “no shows”, the patient may be notified by the physician that they can be seen at FMR on a walk-in basis only. They will be worked in for an appointment, only after all regularly scheduled patients have been seen. The nurses are notified of any "walk-in" patients and are responsible for appropriate scheduling. An FYI will be placed in EPIC by the clinic manager regarding these patients.

PATIENT FLOW

1. When a patient checks in, the receptionist registers the patient in EPIC and an entry is made into the electronic medical record that the patient has arrived. This is available for the physician and nurse to visualize, and the nurses will room the patient as quickly as possible.
2. If lab work is requested preceding the appointment, the physician will order labs in EPIC and the patient will be escorted to the lab by the nurse or physician.
3. The nurse will prepare for any necessary supplies. All supplies, except for agar plates, are kept in the rooms.
    a. Pap Smears – thin preps will be set-up when scheduled. A broom, thin prep vial of solution set out. Rotate brush in cervix five times, rotate brush/broom in bottom of vial ten times, brush bristles should separate while rotating, then swirl vigorously and discard brush.
    b. GC Culture -- kits are available in-patient rooms
    c. Wet Mounts -- each room is stocked with cotton tipped applicators
    d. Cultures -- culturette tubes and sterile dacron swabs are in each room. Herpes culture transport media are available from the lab
    e. KOH -- skin scraping slides are stocked in each exam room
    f. Any supplies used to obtain a specimen (pipettes, swabs, cervical brushes, etc., must be thrown into the red bag, biohazard garbage receptacle)
    g. All specimens taken to lab must be labeled with patient's name. All specimens must also be accompanied by a lab order in EPIC
    h. Outside lab results will be put in the residents' mailboxes
    i. If lab tests are important enough to obtain, they are important enough to tell the patient. Do NOT tell the patient to call the nurses for their lab results. You may call the patient, message via My Chart, or send a letter, or inform the patient that results will be discussed at a scheduled upcoming appointment
    j. When lab work is ordered for a future date, the physician will fill out a lab order in EPIC with an expected date of return for the lab work
4. Before the patient is seen by the physician, the nurse will document vital signs, chief complaint, medications, and allergies in EPIC. The patient will be asked to disrobe and gown if the nurse feels it is appropriate.
5. Residents are expected to be prepared for clinic by the time their first appointment is scheduled to start. Residents are paged on the arrival of their first patient if they are not in the clinic. After 15 minutes, the resident will be paged again. After a half-hour the patient will be given the option to see someone else or wait. In the case of deliveries, the patient is to be rescheduled or see another resident. The nurses cannot give the patient the option to wait.
6. Patient information sheet appears in holder outside exam room when ancillary services completed. The physician must keep track of his/her schedule and check to see if patients are ready.

TELEPHONE CALLS

Telephone calls to physicians should be handled as follows:

1. The physician should be contacted immediately if the caller is:
   - Another physician
   - The physician's spouse or family member
   - Reporting a medical emergency. In this case the chart should be documented with details and dates
     If you are unable to contact the physician immediately, contact the Chief Resident immediately and document details and date in the patient chart.
2. Calls from the following sources should be route to the nurses:
   - Hospital
   - Nursing home
   - Long-distance calls
   - A pharmacy
3. In the event a patient calls and insists on speaking to the physician, or it seems to be an emergency, the phone call should be routed to the nurse. If the patient's call needs the attention of a physician, the nurse will attend to it. If a message is taken it is placed on the physician's desk and the physician is paged with messages between the hours of 11:00 am to 12:00 noon or between 3:00-4:00 pm. If it appears to be a medical emergency, the physician should be contacted immediately.
4. In case of routine patient calls, lab results, inquiries, and prescription refills, the nurse will forward the information to the physician in EPIC.
5. Overnight -- or call hours
   - Patients are instructed to call the regular clinic number to reach the resident on call.
   - The Family Medicine Residency Center uses Altru Health System telephone answering service for after hour calls. Each month we send them a copy of our on-call schedule. The staff will call the answering service with changes on the schedule which are brought to our attention during the normal 8 am - 5pm, Monday to Friday work week. If a change is made after hours or on a weekend it is the responsibility of the resident making the change to notify the answering service.
   - The answering service then automatically answers any incoming calls on 780-6800.
   - The operator takes the patient's name, telephone number and chief complaint (if stated).
   - The third-year residents will take all evening phone calls.

LABORATORY

The lab is equipped to perform routine hematology, routine urinalysis, wet preps, strep screens, skin scrapings, pregnancy tests, monospot tests and limited chemistries to include glucose.

Lab Orders

1. Lab orders are requested in EPIC.
2. Lab personnel are to be notified when a patient is brought to the lab.

Results

1. Lab results of tests which are performed at FMR are kept on record in the lab as well as in the patient's chart.
2. Results will be routed to the physician through the results tab in the EPIC inbox. Residents are expected to check this frequently, contact the patient with the results either in person or through a letter or telephone call, and mark the lab results as reviewed.
3. CRITICAL VALUES will be posted in the laboratory and when results meet the critical value criteria, the lab personnel will contact the physician or his nurse with results and document this in the "panic" logbook.

Reference Labs

1. Altru Hospital is our main reference labs. Altru courier service is provided at 12:30 pm and 3:30 pm daily. If a STAT procedure is necessary, the lab personnel may also be asked to hand carry the specimen to Altru Hospital laboratory if testing is not done “in house” or contact the Altru courier to come to the clinic for an urgent lab specimen. Turnaround time is within one day for chemistries, 48 hours for microbiology.
    - Positive chlamydia and gonorrhea results are called to the physician.
    - All positive sexually transmitted diseases must be reported to the Department of Health so that all sexual partners can be contacted and treated for the disease. The laboratory will take care of reporting positives. Department of Health may still contact you to assure proper treatment.
    - A consent form must be signed by the patient before the HIV specimen is drawn. They must understand the policy about confidentiality.

Pap Smears/Cytology

1. Thin preps are read at Altru Cytology, turnaround approximately 2-5 days. Woman’s Way and Third Street Clinic pap smears are read at Altru Department of Cytology.
2. Results: All reports are reviewed by physicians and the physician is responsible for notifying the patient of the results. Frequently "normal" reports are mailed to the patients.

NO EATING OR DRINKING IS ALLOWED IN THE LABORATORY! ALL SPECIMENS THAT ARE BROUGHT TO THE LAB MUST BE LABELED WITH PATIENT'S NAME, PHYSICIAN'S NAME AND THE DATE.

X-RAY

X-ray Procedures Provided

Basic Radiographs

- Chest
- Extremities
- Spine
- Skull
- Plain films of abdomen

X-ray Procedures Provided by Altru Health System

- Upper GI
- Barium enemas
- IVP`s
- Special procedures

X-ray Request

- X-rays are to be ordered in the Epic system
- The patient will be accompanied to the x-ray department by the physician or nurse. The radiology technician will be notified of the patient's arrival. The radiology technician will accompany the patient back to the exam room upon completion of the x-ray.

Radiologist Services

- X-rays are read by radiology the day of the exam. The official radiology report is resulted in the ordering physician's results folder in the EPIC inbox.

X-ray Policies

- X-rays are part of the medical record and cannot be released to a third party without a signed medical records release form. These forms must be signed by the patient and given to the records department.

PATIENT EDUCATION

The Family Medicine Residency has the following Patient Education resources available:

- Patient Education Handouts - concerning all facets of Health and Nutrition are available at FMR. In addition, residents may access patient education material via Up-To-Date or AAFP.org.
- Patient Information Brochures - developed specially to inform our patients of our educational training and various center services that are available.

CODE PROCEDURE

Purpose

To get needed personnel and equipment to the aid of the patient as efficiently and quickly as possible.

Equipment/Supplies

- Crash cart – stored in the procedure room
- AED – located by the express clinic rooms
- Oxygen – located in the storage room
- I.V. standard – located in the storage room
- Suction – located on the crash cart

Procedure

1. Whoever comes upon a code situation will notify the nearest person that help is needed urgently and initiate CPR.
2. One nurse will call 3333 to contact Altru of an emergent situation.
    - Nurses will be responsible for getting the equipment/supplies to the code site.
    - One nurse will take notes.
    - One nurse will assist as needed.
    - All other nurses will attend to the other patients.
3. Escort the ambulance to the code site when they arrive.
4. All residents will report to the Nurses Station and will be informed of the code site.
5. *REMAIN CALM!!* For all other patients in the clinic, we should resume previous duties as usual.

MEDICAL RECORDS

Chart Information
Each family has an account number. Each member of the family is given a patient number and an individual chart.

Routing of Charts
Charts are maintained in the electronic medical record system, EPIC. A patient checks in at the front desk and the status of patient will be changed to arrive and the time the patient arrived is visible in the provider's home screen. Once the nurse rooms the patient, the status will be changed to exam room. The nurse will complete vitals, reconcile the medication list, update allergies, and obtain the chief complaint from the patient and enters the information into the EPIC system. The patient is seen by the physician and once the physician completes the progress note and determines the level of service for the visit the encounter can be closed and the patient's status for this encounter is now closed. Any changes to the visit after this point would need to be done as an addendum.

Medical and Hospital Reports
Reports generated within the Altru Health System are sent to the appropriate folder within the physician's EPIC inbox. Medical records or reports from an outside facility are placed in the physician's mailbox in the clinic. The report is initialed and dated by the physician, placed into the medical records mailbox who then scans the report, and it will be available electronically under scanned reports.

Transferring Medical Records
A written consent must be completed by the patient for all transfer of records. (Exceptions: Litigations for legal purposes, federally assisted or controlled Drug Abuse or Alcohol Abuse Program, and programs administered by/or under ND Social Services Board). Any questions regarding release of patient’s records will be answered by the patient’s physician or the Chief Resident (if the patient's physician is not available). Upon physician approval, Medical Records personnel will copy and forward records.

If the request is from an attorney's office or insurance company, a faculty physician will approve the request.

Medical Records
Charts must be kept current at least weekly. Failure to comply may result in loss of resident’s academic credits. All charts are currently available to be reviewed and signed electronically. Residents have individual in boxes in EPIC which must be checked daily and appropriate follow up and contact to a patient as necessary based on test results or patient phone calls is to occur within 48 hours when at all possible.

Hospital
Admission and discharge records should be done the day of admission or discharge, and procedure notes should be done promptly after the procedure. Each morning prior to teaching service rounds, the resident is to have an APSO note documented in each patient's chart that they have been assigned responsibility for the patient's care. All H&P’s, progress notes, procedures, discharge summaries or any other meaningful note must be sent to the attending physician for cosigning.

Clinic

Residents are expected to complete clinic progress notes in the EPIC medical record system within 24 hours from a visit though ideally residents are strongly encouraged to complete the notes on the same day as the clinic visit. Failure to complete a clinic note(s) within seven days will result in a removal for a half day from a scheduled rotation and the resident will be charged with the loss of one-half day of vacation to facilitate time to complete outdated charts.

Letters and Phone Calls
Letters and phone calls are to be documented in the EPIC system in a timely manner, ideally within 48 hours for results.

Problem-Oriented Medical Record
Charting in the Family Medicine Residency is based on the Problem-Orientation Method. It is felt that this method will provide the maximum utilization of the material obtained from the patient's history.

The chart should provide a clear and concise picture of the patient. This is accomplished by means of data base which consists of four parts. The parts are as follows:
1. Patient profile
2. Patient history
3. Physical examination
4. Laboratory and x-ray reports

This part of the chart is well done except for the patient profile section. Most charts do not provide a concise picture of the patient as a person.

The second function of Problem-Orientated Method of charting is to do exactly as the name implies. It orients your thinking in relationship to the patient's problems, their priorities and lays out a comprehensive list of what the patient's needs are.

This leads directly to the third function of the Problem-Orientation Method of Charting which is to develop comprehensive PLANNING to care for the patient. This is broken down into three separate and distinct parts which are:
1. **DIAGNOSIS** - where clarification of a problem is brought to fruition by ruling out the major differential diagnosis and delineating the ramifications of a particular diagnosis.
2. **MANAGEMENT** - this follows naturally from the diagnosis and is the area where therapy in whatever modalities is appropriate are outlined.
3. **PATIENT INFORMATION** - this delineates the plans for educating the patient and his family about the problems they may encounter.

Chart Documentation
1. Electronic Medical Record
   - Note completed in the electronic form. Dictation within the EPIC system is available if necessary. Residents are to be aware of avoiding "cutting and pasting" other providers notes which is a much easier phenomenon with the advent of the electronic medical record. Residents are also to be aware that the medical record contains information that was gathered or performed at the patient visit. Care must be taken that templates, populated lists, etc. used in the medical record represent an accurate assessment of the visit.
   - Organize notes in the SOAP or APSO format

S. subjective or history
O. objective or examination
A. assessment or diagnosis
P. plan or therapy (indicate if the patient needs to be off from work)

2. Letters

- All letters are to be typed or dictated in the electronic medical record and route to the family medicine residency transcription pool. They will print the letter and envelope and give it to the physician's nurse. The nurse will place the letter on the physician's desk to be signed and the nurse will then mail the letter to the patient.
- When you are dictating a letter, please dictate the date, name, and address (if available). Dictating punctuation isn't necessary but paragraphing is appreciated.

PRACTICE MANAGEMENT

A defined curriculum is in place. Additionally, practice management matters are discussed at the bi-monthly business meetings.

COMMITTEES

Hospital and Professional Committees

- Each second and third-year resident will be a member of a health system or professional group committee.
- Committee assignments are determined by the faculty one month prior to the start of the second and third year of residency training.
- Residents will also be required to present an update of their respective committee at business meeting after each committee meeting.