

For the Office-based Teacher of Family Medicine

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Feature Editor

Editor's Note: In this month's column, Sweetey Jain, MD, of the Sacred Heart Hospital Family Practice Residency in Allentown, Pa, discusses important items that should be discussed with residents and students when orienting them to office practice. I welcome your comments about this feature, which is also published on the STFM Web site at www.stfm.org. I also encourage all predoctoral directors to make copies of this feature and distribute it to their preceptors (with the appropriate *Family Medicine* citation). Send your submissions to williamh@bcm.tmc.edu. William Huang, MD, Baylor College of Medicine, Department of Family and Community Medicine, 3701 Kirby, Suite 600, Houston, TX 77098-3915. 713-798-6271. Fax: 713-798-7789. Submissions should be no longer than 3-4 double-spaced pages. References can be used but are not required. Count each table or figure as one page of text.

Orienting Family Medicine Residents and Medical Students to Office Practice

Sweetey Jain, MD

When new interns begin their family medicine residency, they may have a high level of anxiety as they consider the expectations that faculty and staff have of their office-based skills. Similarly, medical students may feel anxious as they begin an office-based preceptorship, since most of their clinical education occurs in other settings. To allay these anxieties and maintain consistency in a residency practice or a private office, faculty and staff should make efforts to orient new residents and medical students to office practice. This orientation offers the opportunity to present office policies and procedures as well as general expectations of the

practice. Faculty and staff should initially cover the following aspects of office practice in an orientation session with learners and then continue to work with each resident and student to ensure that he/she gains the needed office skills in each of these areas. These items may be modified to suit the needs of the individual residency program or physician office.

Thorough Chart Review

Faculty and office staff should orient residents and students to each section of the patient chart in detail and help them learn how to review new patient charts, established patient charts, and records from other offices or hospitals.

In the case of new patients, learners should review the history form that patients complete about their health, medications, and hospitalizations while waiting to see the

physician. Residents and students must pay attention to and thoroughly review this form since there may be important items of history in the form that may be missed if the patient does not mention these to the physician. An important example of this is when a patient is hesitant in talking to the physician about abuse, suicide attempts, or other psychosocial issues but does mention it on the health history form.

For established patients, some residents and students walk into the room without reviewing the chart and then spend a significant amount of time questioning the patient about information that could easily be gathered from a quick chart review. Faculty can teach learners how to conduct a chart review prior to entering the room to make the patient encounter proceed more smoothly. In addition, residents

(Fam Med 2005;37(7):461-3.)

From the Sacred Heart Hospital Family Practice Residency, Allentown, Pa.

and students can learn to organize the charts of their patients for more efficient practice by adding flow sheets for diabetes, anticoagulation management, or other chronic issues.

When records from other offices are received, learners must pay careful attention to the details in the records. The records may reveal important information such as a patient's noncompliance with tests and office visits or special issues such as narcotic dependence. Based on these findings, the learner may need to modify the diagnostic or treatment plan. Sometimes the old records can inform the learner of the actual diagnosis in the situation when the patient has misinterpreted his/her diagnosis. An interesting example is when patients state that they have had uterine cancer, when they actually have a history of an abnormal pap smear followed by colposcopy and directed cervical biopsy.

Problem Lists

As part of the orientation to the medical record, faculty should also point out the importance of maintaining an up-to-date problem list. Learners should update the problem list as a new diagnosis is made, ensure that the list records all of the patient's chronic problems and conditions, and add the corresponding *International Classification of Diseases, Ninth Edition (ICD-9)* codes for each condition to save time in coding subsequent visits. Residents and students may find it beneficial to list any significant negative workup with the date to prevent a repeat workup for the same problem that has already been done in the recent past (eg, chest pain, stress test negative 4/05).

Medication Lists

Similar to the problem list, faculty should orient learners to the medication list and teach them to update medication lists as new medications are added and document the dosage, frequency

of usage, and number of refills. A separate sheet may be used for anticoagulants, narcotics, and other special medications. Another helpful item is the name of the pharmacy most frequently used by the patient, along with its telephone number.

Follow-up of Laboratory Test and Diagnostic Imaging Results

In the orientation session, the faculty and staff should make it clear how the office communicates test results to patients. Many physicians directly communicate test results to patients only if they are abnormal. This is an acceptable practice as long as the patient clearly understands this and is informed of normal test results through an alternative process. Residents should learn to review laboratory test and diagnostic imaging results, initial and date the reports, and then inform patients of normal results by mail or other methods used by the office. (Most practices have pre-printed letters for this purpose.)

For abnormal laboratory test or diagnostic imaging results, residents should not only initial and date the report but also inform the patient of the result and discuss how the management plan may be changed. Residents should remember to write a short note on how the abnormal result is handled, either on the report itself or in the chart. An example is "Statin started/to be started" in case of an abnormal lipid profile. For diagnostic imaging results, residents should remember to read the entire report and not just the conclusion, so that they better understand the findings and more urgently follow up that patient if needed.

Medical students are not able to perform all of these steps of handling diagnostic results on their own. However, under the guidance of their faculty preceptor, they can participate by reviewing test results on patients they have seen and making suggestions on how to handle any abnormal results.

Reminders

Faculty and staff should inform learners of the reminder system used in the office since some studies may need to be repeated after a certain interval, and often one cannot depend on the patient to remember the need for repeat testing. Residents and students should learn how to activate the physician reminder system used in the office on those occasions, so that the physician will be reminded at the appropriate time to repeat the test.

Referrals

As family physicians, referrals are an integral part of practice. Faculty and staff should help residents and students learn not only the process of how referrals are handled in the office but also how to make "SMART" referrals:

- Be Sure that the referral is needed.
- Mention all tests done so far (attach all relevant reports).
- Ask for the consult note from the specialists.
- Reaction from the patient should be asked for. It is important to know whether they were satisfied by the care provided by the specialist.
- Form a Team with the specialists by calling them to discuss the interesting cases or inviting them to case presentations.

Communication

During the orientation, faculty should emphasize that the key to success of any practice is effective communication. For residents and students, this includes communication with the patients, their families and caregivers, communication with other physician colleagues and staff in the office, and communication with specialists regarding patients referred to them. In the orientation session, faculty can explain how residents or students can practice effective communication skills in these situations from the beginning.

Time Management

As in any other profession, time management is an important key to successful practice in medicine. In this part of the orientation, faculty can begin to help learners understand concepts of effective time management and then reinforce those concepts as the rotation progresses. For example, residents can learn to frequently refer to their daily office schedules as they see their patients. Not only does it help them manage their time but also allows them to relieve their stress and spend more time with patients if they know that they have had a no-show or that the next patient has a simple problem that will not take much time. Faculty and staff should also help both residents and students learn an important principle of time management, which is to "learn to listen but also know when to stop."

Messages

Faculty and staff should explain how messages are handled in the office and remind residents to check their messages at least once a day since patients expect their physicians to answer their messages the same day. Setting up a consistent system for answering messages is important since patients often judge their

doctors on their promptness in returning their messages. In addition, learners should devise strategies to reduce the number of messages. For example, residents and students can help patients understand the need to ask for prescription refills at the time of their visits. They also can proactively inform patients of their test results in the manner described above.

Documentation

In the orientation session, faculty should begin teaching how this aspect of office practice is an integral and critical part of learners' training. Residents and students must learn to document not only the patient encounter but also every phone call to the patient, family, pharmacy, consultants, and others. Faculty should repeatedly instill the phrase "Not documented is not done" in residents and students. Good documentation not only enables proper coding for billing purposes but also protects the physician against malpractice claims.

In the final component of the orientation session, faculty can share secrets to help residents and students enjoy office hours. These include:

(1) Expect challenge! While family physicians see many routine

cases such as upper respiratory infections and physicals, they also see a number of interesting and complicated cases. Family physicians often have the advantage of knowing their patients well, which gives them an advantage in solving difficult diagnostic and treatment situations.

(2) Follow challenging cases along with the specialists and learn from them as they treat the patient.

(3) View "difficult" patients as a positive opportunity. Instead of getting frustrated by their behaviors, develop different strategies to work with these patients and help them deal with their issues.

Office practices give family medicine residents and medical students the opportunity to learn skills in ambulatory care. By taking the time to orient each resident and student to each of these office issues, faculty and staff can help learners understand how to provide quality care to outpatients and maximize the learning opportunities that are available to them in this setting.

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