

Internal Medicine Clinic Policies and Procedures for the Internal Medicine Residents

PURPOSE: To define the Internal Medicine policy for the Ambulatory clinic for Internal Medicine residents (ACIMR).

SCOPE: Applies to all categorical interns and residents in the Internal Medicine training program on the Texas Health Presbyterian Hospital Dallas campus.

PROVISIONS:

Policy and Procedure for New Patient Visit:

1. Residents will be scheduled a **full hour** to obtain:
 - A complete medical history and physical examination.
 - Ask for a chaperone (same gender as patient) for breast/genital/pelvic/rectal exams.
 - Make a comprehensive assessment of the patient's problems and develop an initial plan for evaluation and treatment.
 - Review your plan with your attending physician and then see the patient together.
 - Discuss your findings and your recommendations with the patient.
2. Chart documentation:
 - **History of Present Illness**
 - **Past Medical History**
 - **Past Surgical History**
 - **Medications**
 - **Health Maintenance:** Document immunizations, age and gender appropriate cancer screening, HIV screening
 - **Social History:** Document smoking, drugs, etoh, sexual behavior, employment.
 - **Family History**
 - **Review of Systems:** State full ROS completed
 - **Physical Exam**
 - **Assessment and Plan:** This is where you should spend your time. Be complete in your discussion of their medical problems and your short term and long term plan for:
 - **Evaluation**
 - **Therapy**
 - **Follow-up**

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3. At the time of discharge, the patient should have a complete, accurate listing of his/her medications and an understanding of the plan of care, including ordered tests, scheduled follow up appointment, and any referrals which have been ordered.

Policy and Procedure for Follow-up visits:

1. Each resident is scheduled for 30 minutes during the follow up appointment. Residents may request a 60 minute visit for follow up of patients with language barriers. The resident must review the patient's chart prior to the examination noting the following:
 - Current **vital signs and BMI** as compared to prior visit
 - Current **medications**
 - Current **medical problems**
 - Current status of **health maintenance**
 - Current status of **lab monitoring** of medications and disease states
2. The history must be focused on the current complaint and the chronic active medical problems. The ROS should be a focused ROS, always including pain, smoking cessation, nutrition and exercise. The physical exam should also be focused.
3. Assessment and Plan: Plan for evaluation, treatment and follow-up of problem
 - Fill out request forms
 - Make appropriate referral (see referral policy)
 - Appropriate follow-up intervals are:
 - Every 6 months for patients on any medications but otherwise stable.
 - Every 3 months for patients with multiple medical problems which are well controlled.
 - Every 1-2 months for patients with multiple medical problems which are difficult to control.
 - Weekly or every two weeks for any unstable problem, including uncontrolled hypertension, acute infectious process, CHF, etc.
 - Any patient on controlled substances should be seen on a monthly basis and the need for continuation of these medications should be reviewed with your attending physician and documented in the chart.

Policy and Procedure for Telephone Medicine:

1. During working hours, nurses will consult residents regarding patient problems. The nurse will give the resident a brief description of the problem. The resident will return the patient's phone call, collect a focused, accurate history and triage the care in the following way:
 - If the resident deems by the history that the patient is **acutely ill- immediate referral to the ER:** Example; chest pain, shortness of breath, changed mental status, uncontrolled acute pain, more than 24 hours of nausea and vomiting, any acute abdominal pain, temperature greater than 101.5.

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- If the resident deems by the history that the patient is **sub-acutely ill, the patient will be seen in the Internal Medicine Clinic if at all possible the same day, or if not possible, the next clinic day.** Examples: uncontrolled chronic pain, poorly controlled blood pressure, URI symptoms, less than 24 hours of GI symptoms, new pain of mild to moderate severity.
 - If the resident deems by history that the patient is not ill and the problem can easily be handled over the phone, he/she may do so and document such in the progress notes in EPIC. The patient must be instructed and the note must reflect that he/she should call back if not better.
 - No controlled substances may be prescribed over the phone.
 - Document all telephone calls in CareConnect and “CC” your clinic attending physician.
 - The medical resident on call for wards is responsible for handling all after-hours pages from Internal Medicine Clinic patients.
 - If you are paged by a clinic nurse, please respond to it as if you were being paged by a hospital nurse.
2. During evening hours and weekends, the resident should follow the same procedure as above. However, if you feel that the patient needs to be seen before Monday, but not emergently, suggest that they come to the ER during a non-busy time- early in the morning.
 3. Clinic attending physicians may be paged through the hospital operator for guidance with telephone medicine, including after-hours pages.

Policy and Procedure for Patient Referral to a Consulting Physician:

1. Discuss referral with attending in the clinic.
2. Place the appropriate referral through CareConnect – if a particular physician is preferred, include that physician’s name on the referral but also put “provider on plan” in case the preferred provider does not take the patient’s insurance. This will help minimize delays in referrals.
3. Attach appropriate medical records to the referral for the referral coordinator to send to the consulting physician’s office.

To refer a patient for a colonoscopy: All routine screening colonoscopies will be referred to Dr. Odom.

To refer to Parkland: Place referral through CareConnect and specify Parkland on the referral. If you are not sure where to place the referral, discuss with the referral coordinator or back office lead.

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To refer for ophthalmology: Place referral through CareConnect as with any other referral. If patient is self-pay, Cedar Springs Eye Clinic is a good option (214-828-7354).

Policy and Procedure for Prescription Refills:

1. Nurses will refill most of the patients' medications according to the policy and procedure for refills.
 - Cannot refill controlled substances.
 - Will document appropriate lab monitoring. If appropriate tests are not documented in the chart, the patient will be called to tell them they will need a blood test before their next refill. A one month refill can be given at that time. The patient should be seen before the next refill or the test should be done.
 - Refills should be sufficient but not longer than until the next scheduled appointment.
2. When a nurse calls you for a refill, collect the following data before giving the refill:
 - Last visit
 - Last laboratory monitoring done for the drug in question
 - Next scheduled visit for the patient
 - Order any monitoring you want done
 - Refill only one month's worth of medication, informing the patient of the need to get the tests done.
 - Controlled substances can only be refilled by the attending physician, although the resident may make recommendations as to the appropriateness of the refill.

Policy and Procedure for Ordering and Following up on Studies:

1. Ordering:
 - **Bloodwork:** All bloodwork should be ordered through the THPG lab.
 - **Radiology:** All radiology should be ordered @ THD.
 - **Non-invasive Cardiology:** All studies should be read by the PHVG cardiology group, unless the patient has a cardiologist with another group.
 - **Pulmonary Functions:** Please let referral coordinator know when you have ordered PFTs because the orders do not cross over in CareConnect.
 - **Pap:** Place orders in CareConnect as per bloodwork.

Please direct questions about orders to clinic staff who can assist you.

2. Following-up:
 - **Check your inbox daily in CareConnect. It is expected that you respond within 24 hours of receiving a message in your inbox.**

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- **All test results must be commented upon within 24 hours unless you are post-call in which case you may comment on them the next day.**
- **Contact patients directly for abnormal test results and document that you have done so in CareConnect including a plan for follow up of these results.**
- **Check your mailbox every time that you are in Clinic and process all paperwork.**

3. Vacation:

- **Vacation time must be approved by clinic staff so that patients are not scheduled when you are off. Requests must be made at least 1 month in advance to allow time to reschedule patients.**
- **Remember to sign out of your in-basket to your attending physician when on vacation to handle patient calls and refill requests.**

4. Critical Lab Values:

- **The on-call medical resident will be contacted by the THPG lab for critical lab values (see attached). If the patient needs to come to the ER, the on-call resident will contact the patient and make this recommendation and update the ER. If the patient does not need to come to the ER, the on-call resident should contact the patient's PCP to determine appropriate follow up and management in the morning. All critical lab values and management plans must be documented in CareConnect.**



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