**Welcome to Westside Internal Medicine! I am very excited that you will be working with me this year. I want this to be a positive learning experience for you and hope that you will be exposed to a variety of medical conditions that will help you develop a broad understanding of what we do in outpatient Internal Medicine. No matter what career path you decide to choose, having a good foundation in Internal Medicine will serve you well. Below I have outlined a few expectations for the time that we will be working together. Please feel free to ask me questions and if you have any concerns at any time please feel free to let me know.**

**Patient population and Westside clinic:**

* Patient population that I care for at Westside is largely Medicaid/Medicare/uninsured. I take care of a small population of patients living with HIV who I brought with me to my primary care practice when I left my HIV practice 2 years ago.
* Large population of non-English speakers and low health literacy levels. I speak minimal Spanish so the majority of my non-English speakers are non-Spanish… in other words, you’ll get lots of practice with the interpreter phone! Please do not use staff as translators except in a pinch.
* We have an amazing inter-professional team that you will work with closely. Here is a list of the key members are their role. You can reach out to them about patients through Epic or email.
	+ xx, clinical pharmacist
	+ xx, social worker
	+ xx, certified addiction counselor
	+ xx, clinical psychologist
	+ xx, medical assistant (somewhat variable, but I work most often with her)
	+ xx, clinic RNs
	+ xx, case navigator

**Clinic Days:**

* I have found it works best to have students arrive at least 30 minutes before the clinic session starts (my first patient is at 8:20 AM). This will allow us time to plan and review patients and teaching points.
* At the end of each clinic, we will aim to identify 1-2 patients for the next clinic that would be good patients for you to read and learn about. Pre-charting will help you prepare and organize your thoughts and notes.
* Before clinic starts, we will review the schedule and identify patients that would be good patients to see (this may change if there are no-shows). In most cases, we’ll try to plan ahead so you will know at least a few of the patients to look up ahead of time. Ideally we’ll choose patients that have core conditions and/or have good potential for longitudinal follow up. As the year goes on, we will prioritize you seeing and patients you’ve had contact with previously. I value quality over quantity in terms of numbers of patients seen! I do NOT expect you to know about or read the charts of every patient on the schedule; just those we identify for you!
* If you are not going to be in clinic, please let me know by text or through email. I am normally in clinic Monday mornings. We can always arrange a time for you to make up a clinic.

**Patient Encounter:**

* Please try to review a patient’s chart prior to going to see the patient (try to do this as the patient is being roomed or between patients, or ahead of clinic if it’s someone we identified for you the week prior).
* Please identify yourself as my LIC student and let the patient know that I will be coming in to see them after you have presented their history to me or I may pop in at other times. I try to prioritize observing your clinical work throughout the visit even briefly so don’t be surprised if I pop in and out!
* Focus on the patient’s chief complaint and any pertinent chronic conditions and health maintenance. If it is a brand new visit I will let you know that I would like you to complete a full H&P.
* Review the patient’s vital signs to make sure they are normal. If the blood pressure is abnormal, please do a manual check too. Let me know when you recheck a blood pressure or other vital sign.
* Please wait to do any sensitive exams with me in the room: breast, pelvic, rectal.
* Before presenting, please review the following:
	+ Look at EPIC for outpatient notes, any notes from subspecialists, discharge summaries, ED visits.
	+ Reconcile the patient’s med list. Please try to review a patient’s medications with them. When you are presenting it is helpful to let me know if there is a medicine that is not on their list that they are taking or if there is a medication on the list that they are not taking and needs to be removed.
	+ Labs—depending on the patient’s chronic medical conditions try to determine if and when he/she needs labs. This may or may not relate to the chief complaint.
	+ Try to recognize when a patient is due for regular health maintenance (ie mammogram, pap, etc.) during every visit. The USPSTF site is available as an app on your phone. Please include health maintenance in your plan. This is a very important part of primary care so my hope is that by the end of your time with me that you will be familiar with what screening needs to be done for different age groups.
* Notes: at least initially, I would like you to write a full SOAP note on each patient you see. As the year goes on, we may adjust this expectation.

**Oral Presentations:** This will be a great opportunity for you to practice a skill that you will later be expected to use as a resident. The goal is for you to identify the patient’s chief complaint/reason for visit and to obtain any other pertinent parts of the history and physical that will help you create a differential and ultimately the diagnosis for the patient’s complaint. This is a skill that is developed and often takes time to perfect.

* After you see the patient please try to organize your thoughts and think about how you want to present the patient. Remember, you are trying to succinctly describe to me why the patient is in clinic, what the pertinent positives/negatives are related to their complaint, important exam findings associated with their complaint and finally the assessment and plan. Ideally outpatient presentations should be under 5 minutes.
* For the exam I would like you to tell me the vital signs and if you think they are abnormal and then any pertinent exam findings.
* For the assessment and plan, please start with a one-line summary statement about the patient (ie. Ms Jones is a 65 y/o female with a h/o uncontrolled HTN, DMII and HLD who comes in today complaining of 4 days of headache…) and then proceed to the problem list.
* Within each problem please let me know what your plan is for the patient. I don't expect you to have a very detailed plan for every problem early in the year but I do want you to try! My hope is that over time you will start to recognize common diseases ( ie COPD, DM, HTN), read about them during your study time and then continue to build on your assessments and plans.
* We will talk a lot about illness scripts this year. As you see common diseases and symptoms, you will start to develop a scaffolding that will support your history, physical and reasoning through the development of scripts.

**Cohort Patients:**

* I really want you to feel like you are an essential member of the healthcare team for your patients. The goal of the LIC is to follow patients over time. Please make sure you check to see if and when your patients have appointments with me or a subspecialist.
* Early in the year, add most of the patients you see to your continuity logger to facilitate tracking. I will try to identify patients that would be good to follow.
	+ Add to Epic patient list
	+ Add to T drive logger
	+ Familiarize yourself with history and psychosocial issues
	+ Follow up on orders, referrals, participate in encounters in health care system as time permits
	+ Primary responsibility for between visit communication with patient and communication with other team members
* Please email or text me at any time if you have a question or concerns regarding any of your patients. I am always grateful for the help when you notice something is amiss before I do!
* I will forward you all notifications of admissions from my panel through your inbox in Epic (look in staff messages). These are great opportunities to meet hospitalized patients and develop continuity during outpatient follow up. The notifications are not expectations that you must see the patient, but just opportunities! Please select based on your time constraints and pertinence/interest of the medical condition. If you are going to follow an admission, please let me know so I can provide additional information and help with care coordination.

**After Clinic:**

* Westside clinics can be very busy. I will do my best to discuss patients and answer questions as we go, but there are days when we won’t have time during the session. Try to keep a list of questions that you have during your patient encounters and use your free time to look up answers. Please feel free to share any interesting articles or information you find. In Medicine we are always learning so I hope we can both learn from each other. Once we are finished with patients, we’ll have time to review your questions that we didn’t get to during the clinic session.
* As we identify knowledge gaps, I will ask you to read on a topic and present your findings to me at our next clinic session (before patients arrive). Again, I love learning from students in this way and this will prompt us to think more deeply about the patient care we are providing and may influence care decisions.
* I would like you to help follow up on any labs or radiology that we order together in clinic. Please review the results (and look at the images) and come up with a plan. Please send me an email with the results, your ideas about the plan with me prior to contacting the patient. All follow up should be documented as a telephone note and routed to me for co-signature.
* If you have a question about patients as you are doing follow up, feel free to email, call or text me. We can always arrange for a time to talk on the phone or meet in person.

**LIC Assignments and Responsibilities:**

* As an LIC student I know you have a lot to keep tract of across the different disciplines. Please keep me updated on when you need to turn in H&Ps and do direct observations. And please let me know if the work we are doing in IM is getting overwhelming. I try to keep track of this, but if you need a week off from pre-charting, topic research, etc. I totally understand and just need you to let me know!
* Every couple weeks please make sure we find time to look at your logger to identify what you need to see in clinic.

**Feedback:**

* An important part of third year is taking the time to get feedback from the different people you work with. My hope is that I can provide you feedback in real time. If clinic gets busy I may wait until the end of the session to review how things went.
* Direct Observation: I will aim to observe some component of your encounter in addition to the oral presentation for every patient. I have found it works best to make these observations brief and of different components (history taking, physical exam, communication of plan, collaboration with other team members, notes, etc). If there’s a specific component you want feedback or observation on, please let me know!
* I also think there is value in you observing other providers throughout the year (me as well as our inter-professional team). This is especially useful if there is a skill or knowledge gap you are working on. For example, watch the addiction counselor talk to patients about smoking cessation to become truly skilled in motivational interviewing and develop content expertise in cessation medications, or watch a difficult family conversation I lead for strategies and ways it might have gone better.
* I would like to review your learning goals periodically to ensure you are having a productive experience.
* I also want you to give me feedback. Please let me know at anytime if you think I could be doing something differently in clinic to help support your educational and personal goals. We will sit down more formally at the end of each semester to review written feedback on your progress. At these meetings, I’d also like to hear your feedback about your IM clinic experience.
* Please let me know of any special expectations you have of me now and throughout the year!

**Contact**:

email

Cell: (call or text)