

Clinic Name: Walk In clinic

Clinic Education Site Leader: Dr. Shackelford

Updated by: Dr. Catherine Deffendall/ Dr. Shackelford

Date: 1/18/2022

Goal:

The purpose of this educational clinic block is to gain skills in the diagnosis and management of common urgent care conditions. This unit will prepare residents to distinguish “sick vs not-sick”, hone their diagnostic skills relying on history and physical, and care for patients in a more resource limited setting than the ED or inpatient settings. Although the urgent care environment can be fast-paced, your role is not to see high volumes of patients but to learn different patient presentations you may not see in other settings and to see what is interesting to you.

Common urgent care complaints include:

Upper and lower respiratory complaints (URI, ear pain, sinusitis)

Shortness of breath with and without other respiratory symptoms (asthma, COPD, PE)

Syncope, dizziness

Chest pain

Urinary symptoms (infections, renal stones)

Symptoms and concerns for sexually transmitted infections

Low back pain

Injuries-especially ankle and wrist

Irritated eye(s)

Allergic reactions

Abdominal pain

Bites (animal, tick, human)

Common procedures include:

I&D of abscess

Laceration repair

Splinting

Objectives:

By the end of this educational unit, learners in this rotation will be able to:

1) Patient Care

- a. Obtain an accurate and relevant history for common urgent care complaints (see above) (PC1, MK1)
- b. Perform an appropriate exam for the indicated complaint (PC2)
- c. Select appropriate labs, imaging and procedures based on history and exam, considering availability of various labs (i.e POC labs) and potential limitations in immediate imaging (PC3, MK3)
- d. Integrate diagnostic results into differential diagnosis of common conditions (PC3, MK3)
- e. Develop initial approach to treatment of common urgent care conditions (PC5, MK2)
- f. Recognize the “sick” patient requiring escalation of care, and other limitations of urgent care (i.e unable to obtain troponin or refer to physical therapy) (PC5)
- g. Refer when appropriate to specialists for further management or workup (PC5, MK1, MK2, SBP3, ICS 3)

- 2) Medical Knowledge
 - a. Apply clinical practice guidelines or evidence based national guidelines for management of acute conditions (i.e relying on antibiograms for management of UTI) (MK1, MK2)
- 3) Interpersonal and Communication Skills
 - a. Identify when additional consultation is indicated, generate an appropriate clinical consultation question (ICS2)
 - b. Communicate with patients and health professionals effectively and professionally (PC5, SBP2, SBP3, ICS 2 ICS3)
- 4) Professionalism
 - a. Create documentation that is timely (P1, ICS 3)
 - b. Demonstrate professional behavior in caring for patients and engaging with staff regardless of race, ethnicity, gender identify, sexual orientation, socioeconomic status, or medical diagnosis (P2)
- 5) Systems based practice
 - a. Create documentation that is accurate and complete (SBP2)
- 6) Practice-based learning and improvement
 - a. Recognize the scope of their abilities and asks for supervisors help when appropriate

Educational Strategies:

Educational Strategy	Skills (taught and/or assessed)
Urgent Care clinic visits	Obtaining History Performing Exam Clinical reasoning Development of differential and appropriate work up Management of urgent care conditions Presentation skills

Additional Resources:

[WIC Resource Main Page](#): Includes sites reviewing splinting, emergent vs urgent referrals

[CDC Antibiotic Use](#): Reviews UTI, URI, chronic cough, sinusitis

See Teams site for additional resources

Evaluation:

Background

- In the recent past, there has been no structured way for faculty to provide feedback on their observations or assessments of residents on the clinic block.
- Residents spend a third of their training time in the outpatient clinic setting.
- Collecting faculty observations and assessments in this setting is important for residents to get the feedback and coaching they need to continue to grow and improve their clinical skills.
- The goal for all our residents is excellence in clinical skills

Ask for faculty

- Offer to do direct observation of skills with a learner in clinic (consider history , physical exam, clinical reasoning skills in the clinic setting, especially those specific to your specialty)
- Ask the resident to send you a direct observation new innovations form that takes 2-3 minutes to complete
- Use the new innovations app on your phone to send an “on demand direct observation” assessment for any resident any time.

Ask for residents (currently this is for all interns, soon this will expand to all residents)

- When on clinic block, ask one faculty member a week to complete a direct observation assessment on a clinical skill that they observed you do in their clinic
- You can send them an email with the direct observation from new innovations, or you can show them how to use the new innovations app on their phone.

Two “How To” videos- for faculty and residents:

This video demonstrates how residents can request an on-demand evaluation be sent to a faculty member. It also describes who to sue this tool to assist in making this a coaching moment. (5 min video)

- <https://vumc.box.com/s/svvwn5rtnlxhtgvneo858eg6kswjw6i0>

This video demonstrates how faculty can download the new innovations app on their phone. It also demonstrates how to complete and send in the on demand evaluation on their phone (3 min video).

- https://zoom.us/rec/share/Xa8oi6uSywhNAEnosCHmjcJ-X77nCHBmkyAJM7whH3O9sdljMZAK4WMXiU14zX20.7CDOOcT8FLoi_unD
- **Passcode:** b@?=4dU2 (copy and paste this code in the zoom bar when the web page brings it up!)

**New Direct Observation Form – Entrustment Scale - THIS IS THE FORM THAT IS ON THE APP
Internal Medicine Clinic**

Date: _____
Resident Name: _____
Faculty Observer name: _____
What specific skill did you decide to observe? _____

1. What is the resident’s learning objective?
2. What did you observe the resident do well?

Skills to consider observing:
 Information gather- Obtaining accurate and complete hx
 Specific physical exam skill
 Information transfer- patient education
 Motivational interviewing (wt mgt, tob cessation)
 Counseling
 Breaking bad news
 Goals of care/ Family meeting
 Clinical reasoning

3. What deficiencies and/or errors did the resident commit?
 What should they do differently? **How** should they do it differently?

3. Based on this single observation, how would you approach your supervision of this learner in this skill the next time?

1	2	3	4	5
Learner can be present but only as observer (i.e. The learner cannot perform this skill. Learner can be present, but only as observer)	Learner can practice skill with direct supervision (supervisor in room) (i.e. I need to watch the learner perform the skill in real time)	Learner can practice skill with indirect supervision (supervision available within minutes) (i.e. I don't need to watch the learner in the room, but I am going to reassess the patient/confirm findings with the patient)	Unsupervised practice allowed (the learner is ready to practice independently for this skill) (i.e. I don't need to watch the learner but I am available if the learner comes for help or to provide feedback)	Learner has mastered this skill, is an exemplar for other, and is ready to teach others this skill (i.e. learner is a role model for other, demonstrates best practice, able to teach)

4. What plans for change did you and the resident make going forward?