



INDIRECT PATIENT CARE CURRICULUM (HAMILTON)

Preamble:

Patient care is a combination of both face-to-face interactions and indirect patient care activities (IPCA). IPCAs include activities such as documentation, billing, ordering and managing investigations, maintaining the chart, filling out forms, and prescription renewal.

Description:

Longitudinal integration of IPCAs will occur during your Full-Time Family Medicine blocks. It will be integrated into the clinical learning environment, and will occur during clinical learning time. There is not an expectation that you will engage in IPCAs during protected academic time, or during approved/scheduled time away from clinic (e.g vacation). IPCAs will be introduced with a graduated approach to allow learning and mastery (Appendix 1&2), and will be supported with teaching/learning opportunities, experiences and exposures and competency can be demonstrated with observable behaviours (Appendix 3)

The CANMEDS-FM Roles encompassed by IPCAs include:

Medical Expert

Key and enabling competencies

1. Practices generalist medicine within their defined scope of professional activity
 - 1.4 Carries out professional duties in the face of multiple, competing demands
2. Performs a patient-centered clinical assessment and establishes a management plan
 - 2.2 Elicits a history, performs a physical exam, selects appropriate investigations and interprets their results for the purpose of diagnosis and management, disease prevention and health promotion

Communicator

Key and enabling competencies

5. Documents and shares written and electronic information about the medical encounter to optimize clinical decision making, patient safety, confidentiality, and privacy
 - 5.1 Maintains timely, clear, accurate and appropriate written or electronic records of clinical encounters



Collaborator

Key and enabling competencies

3. Recognizes and facilitates necessary transitions in care with other colleagues in the health professions, including but not limited to shared care, transfer of care, and/or handover of care to enable continuity and safety
 - 3.2 Effectively negotiates and communicates (both verbally and in writing) individual and/or shared responsibility, through care transition plans, to optimize patient safety

Professional

Key and enabling competencies

3. Demonstrates a commitment to the profession by adhering to standards and participating in physician-led regulation
 - 3.1 Fulfills and adheres to professional and ethical codes, standards of practice and laws governing practice
4. Demonstrates a commitment to physician health and well-being to foster optimal patient care
 - 4.1 Manages personal and professional demands for a sustainable practice through the family physician life cycle

Assessment:

To build confidence and competence, multi-source formative feedback should be sought to ensure that you are developing the needed competencies to be successful with IPACs. The College of Family Physicians have articulated several Core Professional Activities that relate to IPACs. The Core Professional Activities associated with IPACs are directly related to the following Entrustable Professional Activities (EPAs) within our program. Field notes can be used to monitor and record progress in these EPAs and can be found in our EPA dashboard

Related EPA's include:

- Charting/documentation of visits & maintenance of medical records
- Demonstrate effective professional communication
- Support continuity of patient care
- Manage office administrative tasks as part of indirect patient care
- Safely and appropriately manage pharmaceuticals for all patients
- Complete billings
- Apply ethical and legal frameworks in shared decision making with patients and families
- Act professionally
- Act sustainably in service of self, profession and system

Benchmarking Legend For Competency Achievement: Indirect Patient Care (1 of 2)



Outcome Measure	Achievement Timeline				Assessment Tool
Core Professional Activity (CPA)	End of first 2 blocks FM PGY1	End of PGY1 FM	End of first 2 block FM PGY2	End of PGY2 FM	Field Note: Entrustable Professional Activity (EPA)
Maintain an electronic medical record for each patient/encounter as part of a longitudinal patient record					Charting/documentation of visits & maintenance of medical records
Support and coordinate patient care across settings and care transitions					Demonstrate effective professional communication
Follow up on patient encounters, monitoring the results of investigations, consultations, etc., and notifying patients with results, as appropriate					Support continuity of patient care
Complete medical forms and documentation to support patient care and reporting requirements					Manage office administrative tasks as part of indirect patient care
Manage patient medications, prescriptions, and related pharmacy communications and requests					Safely and appropriately manage pharmaceuticals for all patients

Benchmarking Legend For Competency Achievement: Indirect Patient Care (2 of 2)



Time after which an evaluation of “Supervisor Required to Take Over” or “Close Supervision” should prompt educational conversation and review of educational opportunities (Appendix 1)

Outcome Measure	Achievement Timeline				Assessment Tool
Core Professional Activity (CPA)	End of first 2 blocks FM PGY1	End of PGY1 FM	End of first 2 block FM PGY2	End of PGY2 FM	Field Note: Entrustable Professional Activity (EPA)
Complete office billings according to local processes					Complete billings
Identify and attend to professional legal obligations and risks					Apply ethical and legal frameworks in shared decision making with patients and families
Manage time and scheduling to ensure a desirable and efficient mix of activities					Act professionally
Attend to the quality and sustainability of work life and the work environment					Act sustainably in service of self, profession and system

Summative Assessment: Where Indirect Patient Care Is Reflected In The Family Medicine ITAR

IPACs will also be evaluated on Family Medicine ITARs:

Leader

	Level 1 (Novice Skill Set)	Level 2	Level 3 (End of PGY1)	Level 4	Level 5 (Advanced Skills Set)
	1	2	3	4	5
PRACTICE MANAGEMENT - Efficiency and Organization, Resource utilization (investigations, medications, consultations)	<p>Organizes patient care responsibilities but needs help with prioritization.</p> <p>Some guidance needed to appropriately use health care resources (tests, referrals).</p>	<p>Can organize patient care responsibilities. Beginning to prioritize. General understanding of health care cost.</p> <p>May run behind</p>	<p>Prioritizes patient care responsibilities appropriately.</p> <p>Manages time well under usual circumstances.</p> <p>Identifies medically appropriate investigations for patients in an ethical and resource-effective manner.</p> <p>Contributes to practice related administrative tasks.</p>	<p>Level 3 PLUS</p> <p>Manages time with more frequent patient visits or unexpected events.</p> <p>Can take on a significant administrative role with the practice when required.</p> <p>Allocates health care resources appropriately for optimal patient care</p>	<p>Level 4 PLUS</p> <p>Actively prioritizes multiple clinical responsibilities.</p> <p>Identifies opportunities to improve practice efficiencies.</p> <p>Manages practice related administrative tasks.</p> <p>Role model for junior learners</p>

COMMUNICATOR

PROFESSIONAL COMMUNICATION SKILLS - Verbal, Written, EMR	<p>Case presentations usually organized. Charting is timely, organized with appropriate level of detail.</p> <p>Referral letters and/or discharge summaries are generally complete.</p>	<p>Level 1 PLUS</p> <p>Consistently organized case presentations. Starting to use the EMR to organize and assist in patient care.</p>	<p>Level 2 PLUS.</p> <p>Referral requests, consultation letters and discharge summaries are consistently clear, organized and complete.</p> <p>Uses EMR to organize and assist with patient care.</p>	<p>Level 3 PLUS</p> <p>Referral requests consistently ask an explicit and clear question.</p> <p>Can present a case clearly and concisely with a consultant on the phone for the purposes of developing patient care plans.</p>	<p>Level 4 PLUS</p> <p>Consistently meets level 4 criteria for case presentations charting and referral requests.</p> <p>Uses EMR effectively to optimize data management and quality of care.</p>
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APPENDIX 1: Educational Opportunities

Outcomes Expected By End Of First 2-Blocks Full Time Family Medicine PGY1:

Core Professional Activity	Teaching/Learning Opportunities and Tools	Clinical Exposures and Experiences	Observable Behaviours
Maintain an electronic medical record for each patient/encounter as part of a longitudinal patient record	<ul style="list-style-type: none"> • Orientation to clinic specific EMR • Orientation to documentation including note format (SOAP v SODA v narrative charting) • Documentation CMPA workshop • Preceptor/Team share stamps/templates • Field notes on charting • Chart reviews by MRP following completion • 1:1 orientation with preceptor • Observe other clinicians' notes 	<p>Start charting every patient encounter from beginning of residency</p> <p>Every chart is reviewed at the beginning of residency and can be directed for review at any time</p>	<ul style="list-style-type: none"> • Notes and documentation is completed within 24 hours of visit • Notes and documentation contain relevant information and not extraneous information • Charting is completed on ALL patient interactions and encounters • Using EMR to organize and assist with patient care; placing documentation within the chart to facilitate this.
Complete office billings according to local processes	<ul style="list-style-type: none"> • Orientation to clinic specific EMR • Billing sheet handout • Top 10 billing codes review • Orientation to clinic specific processes • Field notes on billing • 1:1 Discussion with preceptor • Billing meetings - Quarterly • Central Block 7 talk on billing 	<p>Start of billing/shadow billing day 1 of residency</p> <p>Horizontal elective with administrative staff to learn about billing and Remittance Advice</p> <p>Discussion with team/peers to discuss billing codes and opportunities</p>	<ul style="list-style-type: none"> • Billing completed in a timely manner • Documents times in and out appropriately • Quarterly billing review reflects a diversity of billing codes
Attend to personal health and well-being through a range of self-determined health promotion activities and decisions	<ul style="list-style-type: none"> • Orientation wellness session + handout • Scheduling time off • Social events (Team based/Unit Based/Program based) • Goals meeting • Portfolio review 		

Outcomes Expected By End Of PGY1 Family Medicine (1of2):

Core Professional Activity	Within the First 2 Months of Full Time Family Medicine			By the End of PGY1 Year		
	Teaching/Learning Opportunities and Tools	Clinical Exposures and Experiences	Observable Behaviours	Teaching/Learning Opportunities and Tools	Clinical Exposures and Experiences	Observable Behaviours
Support and coordinate patient care across settings and care transitions	<ul style="list-style-type: none"> • Orientation on how to do a consult (process), CPSO requirements for consults, follow-up for consults • Orientation to EMR process for generating consults • Orientation to specialist colleagues that are frequently referred to (and exceptional pathways) • Introduction to administrative staff in clinic • Horizontal elective time with local Consult team and medical secretaries 	<p>Horizontal with consult admin</p> <p>Exposure through routine clinical care</p> <p>Reading consultation notes</p>	<ul style="list-style-type: none"> • Able to provide urgent phone consultation request with direct support • Able to generate a complete a consultation request including pertinent information *including vital statistics (ht/wt, etc) • Can complete common diagnostic requisitions 	<ul style="list-style-type: none"> • Teaching around closing the loop and ensuring completion • Field notes from chart review • Reviewing completed consults (did it answer your question) • Observation/Role Modeling by preceptor about how to redirect refused consults 	<p>Horizontal with consult admin</p> <p>Exposure through routine clinical care</p>	<ul style="list-style-type: none"> • Able to complete consultations and exclude extraneous information • Question to consultant is more nuanced • Able to calling and coordinate care with LIHN or other community providers
Complete medical forms and documentation to support patient care and reporting requirements	<ul style="list-style-type: none"> • WSIB teaching session in Block 7 • MHBS session ODSP • Protected indirect patient care time • 1-to-1 support from preceptors 	<p>Horizontal with System Navigator</p> <p>Exposure/linking with opportunistic patient care experiences</p> <p>Exposure/demonstration of more complex forms when completed by MRP (Example OW/ODSP form)</p>	<ul style="list-style-type: none"> • Completes simple forms or notes with help and direct MRP review • May require assistance to find the form and resources in EMR 	<ul style="list-style-type: none"> • WSIB teaching session in Block 7 • MHBS session ODSP • Horizontal with James Street clinic (ODSP) 	<p>Forwarding forms from MRP (more complex) for continuity patients (ODSP)</p>	<ul style="list-style-type: none"> • Completes form independently (with supervisor sign off) • Completes OW and ODSP forms with assistance from MRP

Outcomes Expected By End Of PGY1 Family Medicine (2of2):

Core Professional Activity	Within the First 2 Months of Full Time Family Medicine			By the End of PGY1 Year		
	Teaching/Learning Opportunities and Tools	Clinical Exposures and Experiences	Observable Behaviours	Teaching/Learning Opportunities and Tools	Clinical Exposures and Experiences	Observable Behaviours
Manage patient medications, prescriptions, and related pharmacy communications and requests	<ul style="list-style-type: none"> Orientation on best prescribing practices Orientation to EMR prescription module 	Prescribing medication in a clinical encounter	<ul style="list-style-type: none"> Managing acute / renewal prescriptions during an encounter Demonstrates appropriate lab monitoring with prescribed medication Starting to understand and demonstrate the relationship between refill duration/quantity and safe prescribing Adjusts prescriptions when renal dosing is appropriate Reviews allergies and drug/drug interactions in the EMR Can update the preferred pharmacy in EMR 	<ul style="list-style-type: none"> Horizontals with pharmacy Choosing wisely modules 	Incoming prescription renewal requests from pharmacies and clinical encounters	<ul style="list-style-type: none"> Considers other medication renewals outside of immediate request Considers deprescribing/tapering trials Updates medication list within EMR from consultation notes Performs medication reconciliation
Attend to the quality and sustainability of work life and the work environment	<ul style="list-style-type: none"> Orientation wellness session + handout Scheduling time off Social events (Team based/Unit Based/Program based) Goals meeting Portfolio review 			<ul style="list-style-type: none"> Portfolio review Ongoing reflection as workload increases Goals meetings 		



Outcomes Expected By End Of First 2-Blocks Full Time Family Medicine PGY2 (1of2):

Core Professional Activity	Within the First 2 Months of Full Time Family Medicine			By the End of PGY1 Year			Within the First 2 Months of Full Time Family Medicine PGY2		
	Teaching & Learning Opportunities and Tools	Observable Behaviours	Clinical Exposures and Experiences	Teaching & Learning Opportunities and Tools	Observable Behaviours	Clinical Exposures and Experiences	Teaching & Learning Opportunities and Tools	Observable Behaviours	Clinical Exposures and Experiences
Follow up on patient encounters, monitoring the results of investigations, consultations, etc., and notifying patients with results, as appropriate	<ul style="list-style-type: none"> Approach to inbox teaching within first 2 months Handout for inbox given at orientation Field notes Direct case reviews and chart reviews Electronic message feedback from preceptor 	<ul style="list-style-type: none"> Starting a graduated approach to inbox (forwarding/charting & filing) Can construct plan with support regarding messages from admin staff Review each case with MRP to co-develop management plan Reading around interesting results 	Share all contents of EMR inbox at end of Block 1	<ul style="list-style-type: none"> Field notes Direct case reviews and chart reviews Electronic message feedback from preceptor 	<ul style="list-style-type: none"> Increased management of greater number of items (entire inbox open) Can construct plan independently for admin staff Can start to delegate responsibility appropriately to team with guidance Can follow up on tests that directly ordered (a larger subset) Develops management plan to discuss with MRP prior to patient contact 	<ul style="list-style-type: none"> Patient encounters – self-directed rebooking for results, or prebooked by patient for results (you may not have ordered the test) Graded exposure to patient phone calls (Can discuss most straightforward results with independence, may require support with complex or unfamiliar patients or with consultants) 		Uses judgement to delegate responsibility for follow up and recall within the team when appropriate	Managing entirety of inbox (excluding protected academic time, vacation, etc)



Outcomes Expected By End Of First 2-Blocks Full Time Family Medicine PGY2 (2 of 2):

Core Professional Activity	Within the First 2 Months of Full Time Family Medicine			By the End of PGY1 Year			Within the First 2 Months of Full Time Family Medicine PGY2		
	Teaching/Learning Opportunities and Tools	Observable Behaviours	Clinical Exposures and Experiences	Teaching/Learning Opportunities and Tools	Observable Behaviours	Clinical Exposures and Experiences	Teaching/Learning Opportunities and Tools	Observable Behaviours	Clinical Exposures and Experiences
Identify and attend to professional legal obligations and risks	<ul style="list-style-type: none"> • CMPA documentation workshop • MTO reporting guidelines • CPSO Duty to report guideline • Discussing safety net for investigations/ Consultations with preceptor – introduction to reminder system (example: ticklers) 	<ul style="list-style-type: none"> • Recognizes what items need to be flagged for follow up • Recognizes need to report 	<ul style="list-style-type: none"> • Clinic based on opportunistic exposure • Case discussion with MRP regarding challenging cases • MHBS 	block 7 lectures					

Outcomes Expected By End Of PGY2 Family Medicine:

Core Professional Activity	Within the First 2 Months of Full Time Family Medicine			By the End of PGY1 Year		
	Teaching/Learning Opportunities and Tools	Observable Behaviours	Clinical Exposures and Experiences	Teaching/Learning Opportunities and Tools	Observable Behaviours	Clinical Exposures and Experiences
Manage time and scheduling to ensure a desirable and efficient mix of activities	<ul style="list-style-type: none"> • Preceptor/resident discussion around how does this work into the work day • Expectation setting that caring for people is not defined by solely clinical work time • ITARs • Portfolio review 	<ul style="list-style-type: none"> • Generally running on time based on typical PGY1 schedule • Chart completion within 24 hours 	<ul style="list-style-type: none"> • Time for patient encounters/labs structured • Longer duration for patient care activities 	<ul style="list-style-type: none"> • Preceptor/resident discussion around how does this work into the work day • Expectation setting that caring for people is not defined by solely clinical work time • ITARs • Portfolio review 	Beginning to consider how specific patient scheduling might impact office flow	<ul style="list-style-type: none"> • Time for patient encounters/labs structured • Longer duration for patient care activities

	Within the First 2 Months of Full Time Family Medicine PGY2			By the End of PGY2 Year		
	Teaching/Learning Opportunities and Tools	Observable Behaviours	Clinical Exposures and Experiences	Teaching/Learning Opportunities and Tools	Observable Behaviours	Clinical Exposures and Experiences
	<ul style="list-style-type: none"> • Preceptor/resident discussion around how does this work into the work day • Expectation setting that caring for people is not defined by solely clinical work time • ITARs • Portfolio review 	<p>Generally running on time based on a PGY2 schedule</p> <p>Chart completion within 24 hours</p>	<ul style="list-style-type: none"> • Increased appointment volume (direct care) • Increased indirect patient responsibility 	<ul style="list-style-type: none"> • Preceptor/resident discussion around how does this work into the work day • Expectation setting that caring for people is not defined by solely clinical work time • ITARs • Transition to practice lectures (Block 7) 	Integrating indirect patient care activities within the clinical day Proactively looking into schedule to make adjustments	

Appendix 2: Teaching and Learning: Graduated Approach by Task Initiation – Forwarding Method (By Danielle O'Toole)

INBOX COMPETENCY

	Description	Expectations	Time Commitment	Goals	Time limit within Residency
Viewing your own ordered investigations	<ul style="list-style-type: none"> you will receive a copy of the results of investigations you have ordered the results will already be addressed/taken care of by staff 	Observe: <ul style="list-style-type: none"> how various investigations were managed how the staff communicated / "commented" their plan how the staff arranged follow up how the staff updated the patient chart / CPP 	<ul style="list-style-type: none"> 5-10 min: you will receive approximately 5-10 items per day and will need 1-2 min to review each item 	familiarize yourself with: <ul style="list-style-type: none"> how items in the inbox are managed how communication occurs between team members how the chart is updated how follow up is arranged 	<ul style="list-style-type: none"> This step should be started within the first 4 weeks into first full-time block of family medicine
Considering management for your own ordered investigations	<ul style="list-style-type: none"> you will receive a copy of the results of investigations you have ordered the results will NOT have been already addressed/taken care of by staff 	Suggest management plan: <ul style="list-style-type: none"> using the "comment" button, suggest a management plan for each item. Include (1) reason for investigation (2) findings (3) followup including if pt was contacted once the staff has reviewed and agreed with your plan, you are responsible for: <ul style="list-style-type: none"> updating the chart (including ticklers) arranging follow-up or further investigations 	<ul style="list-style-type: none"> 30-60 min: you will receive approximately 5-10 items per day and will need 5-10 min per item. 	<ul style="list-style-type: none"> Begin developing skills for managing inbox items and arranging follow-up 	<ul style="list-style-type: none"> This step should be started within the first 6 weeks into your first full-time block of family medicine
Managing your own ordered investigations	<ul style="list-style-type: none"> you will receive a copy of the results of investigations you have ordered the results will NOT have been already addressed/taken care of by staff 	Develop management plan <ul style="list-style-type: none"> using the "acknowledge" button, develop and follow through with a management plan for each item. Continue to: <ul style="list-style-type: none"> provide context identify and explain abnormal results communicate and follow through with plan update the chart Staff will continue to review your plans If there are any items which you need guidance with, use the "comment" button to suggest a management plan 	<ul style="list-style-type: none"> 30-60 min: you will receive approximately 5-10 items per day and will need 5-10 min per item. 	<ul style="list-style-type: none"> Develop confidence and independence when managing inbox items. Demonstrate an ability to follow through with the plan 	<ul style="list-style-type: none"> This step should start within the first 8 weeks into your first full-time block of family medicine
Viewing all items in the inbox and managing your own ordered investigations	<ul style="list-style-type: none"> You will receive all items in the inbox (ones you have ordered and ones the staff and your colleagues have ordered) The results of the investigations you ordered will NOT have been addressed by staff 	Observe <ul style="list-style-type: none"> How items in the inbox are managed when they have NOT been ordered by you Efficiently manage: <ul style="list-style-type: none"> Items in the inbox you have ordered as before Staff will continue to review your plans 	<ul style="list-style-type: none"> 30-60 min: you will receive approximately 30-40 items per day and will need 2-5 min to manage the 10 items you have ordered and 1-2 to view the other items 	<ul style="list-style-type: none"> Familiarize yourself with how to manage items in the inbox that were not ordered by you Reflect on the importance of having and identify a purpose and plan for investigations prior to ordering Demonstrate the ability to efficiently manage items in the inbox that you have ordered 	<ul style="list-style-type: none"> This step should be started by the end of full-time family medicine blocks in the first year of residency
Manage your own ordered investigations and other parts of the inbox	<ul style="list-style-type: none"> You will receive all items in the inbox (ones you have ordered and ones the staff and your colleagues have ordered) The results of the investigations you ordered will NOT have been addressed by staff 	Efficiently manage: <ul style="list-style-type: none"> Items in the inbox you have ordered as before Slow integrations of other aspects of the inbox (ex. one week of all prescriptions, one week of all consults, one week of all diagnostic imaging, one week of all lab work) Staff will continue to review your plans 	<ul style="list-style-type: none"> 30-60 min: you will receive approximately 30-40 items per day and will need 2-5 min to manage the 10 items you have ordered & the 5-10 additional items as well as 1-2 to view the other items 	<ul style="list-style-type: none"> Demonstrate the ability to efficiently manage items in the inbox that you have ordered Develop strategies for managing specific aspects of the inbox (ex. approach to medication refills) Prepare for managing a "full practice size inbox" while on an R1 schedule, prior to the increase in R2 scheduling 	<ul style="list-style-type: none"> This step should be started by the end of the first 4 weeks of full-time family medicine in the second year of residency
Manage all items in the inbox	<ul style="list-style-type: none"> You will receive all items in the inbox (ones you have ordered and ones the staff and your colleagues have ordered) Shared responsibility with staff 	Efficiently manage <ul style="list-style-type: none"> All items in the inbox that have been ordered for the team's patients Staff will continue to review your plans and share the responsibility 	<ul style="list-style-type: none"> 30-60 min: you will receive approximately 30-40 items per day and will need 1-2 min to manage each item 	<ul style="list-style-type: none"> Demonstrate the ability to efficiently manage all items in the inbox Demonstrate appropriate communication within the team so all members know how items managed 	<ul style="list-style-type: none"> This step should be started by the end of the first 8 weeks of full-time family medicine in the second year of residency

Appendix 3: Teaching and Learning: Graduated Approach by Task Type – Chunking Method (By Amie Davis)

	Description	Expectations	Time Commitment	Goals	Time limit within Residency
Viewing Laboratory Results	<ul style="list-style-type: none"> you will open the items related to lab items (labelled chemistry/hematology/urine) the results will already be addressed/taken care of by staff 	Observe: <ul style="list-style-type: none"> how various investigations were managed how the staff communicated / "commented" their plan how the staff arranged follow up how the staff updated the patient chart / CPP 	<ul style="list-style-type: none"> 30-60 min: you will open and consider as many as possible during lab time At the end of day you will "File" all unread results and items 	familiarize yourself with: <ul style="list-style-type: none"> how items in the inbox are managed how communication occurs with team members how the chart is updated & follow up arranged 	<ul style="list-style-type: none"> This step should be started within the first 4 weeks into first full-time block of family medicine By 4 weeks you should be viewing most labs and not filing
Managing Laboratory Results	<ul style="list-style-type: none"> You will start to suggest management plans for abnormal results & acknowledge normal results The results may NOT have been addressed by staff If addressed by staff – ask questions directly or by message 	Suggest management plan: <ul style="list-style-type: none"> using the "comment" button, suggest a management plan for each item. Include (1) reason for investigation (2) findings (3) follow-up including if pt was contacted once the staff has reviewed and agreed with your plan, you are responsible for: <ul style="list-style-type: none"> updating the chart (including ticklers) arranging follow-up or further investigations 	<ul style="list-style-type: none"> 30-60 min you should still open all labs If you are spending more than 5 minutes on a lab; flag this lab for discussion with staff for learning purposes (send staff message to review with you AND leave comment on labs) 	<ul style="list-style-type: none"> Begin developing skills for managing inbox items and arranging follow-up Develop confidence and independence when managing inbox items. 	<ul style="list-style-type: none"> This step should be started within the first 6 weeks into your first full-time block of family medicine
Reading Consults And Investigations	<ul style="list-style-type: none"> After finishing labs, scan HRM documents and consults for patients you know or who may have follow up scheduled with you Once you are able to keep pace with patients you know, start to review all consults 	Develop management plan <ul style="list-style-type: none"> using the "acknowledge" button, develop and follow through with a management plan for each item. Continue to: <ul style="list-style-type: none"> provide context identify and explain abnormal results communicate and follow through with plan update the chart Staff will continue to review your plans If there are any items which you need guidance with, use the "comment" button to suggest a management plan 	<ul style="list-style-type: none"> 30-60 min: Builds on efficiency being gained in lab management 	<ul style="list-style-type: none"> Develop confidence and independence when managing inbox items. Demonstrate an ability to follow through with the plan Reflect on the importance of having and identify a purpose and plan for investigations prior to ordering Demonstrate the ability to efficiently manage items in the inbox that you have ordered 	<ul style="list-style-type: none"> This step should start within the first 8 weeks into your first full-time block of family medicine
Prescription renewals and Third Party Forms	<ul style="list-style-type: none"> You will start to look at prescription renewals for patients you recognize The prescriptions may have already been completed by your staff 	Observe <ul style="list-style-type: none"> how the request was managed how the staff communicated / "commented" their plan how the staff arranged follow up 	<ul style="list-style-type: none"> 60-90 min: Continuing to build on previous efficiencies 	<ul style="list-style-type: none"> Familiarize yourself with how to manage prescription refills Develop strategies for managing specific aspects of the inbox (ex. approach to medication refills) Prepare for managing a "full practice size inbox" while on an R1 schedule, prior to the increase in R2 scheduling 	<ul style="list-style-type: none"> This step should be started by the end of full-time family medicine blocks in the first year of residency
Manage all items in the inbox	<ul style="list-style-type: none"> You will receive all items in the inbox (ones you have ordered and ones the staff and your colleagues have ordered) Shared responsibility with staff 	Efficiently manage <ul style="list-style-type: none"> All items in the inbox that have been ordered for the team's patients Staff will continue to review your plans and share the responsibility By end of program should be able to manage Inbox (Average practice generates 1 hour Indirect Patient Care for Half-day of clinical work) 	<ul style="list-style-type: none"> 90-120 min: you will receive approximately 50-70 items per day and will need 1-2 min to manage each item 	<ul style="list-style-type: none"> Demonstrate the ability to efficiently manage all items in the inbox Demonstrate appropriate communication within the team so all members know how items managed 	<ul style="list-style-type: none"> This step should be started by the end of the first 8 weeks of full-time family medicine in the second year of residency