



## **Department of Pediatrics**

### **Community-Based Resident Continuity Program**

# **HANDBOOK FOR INTERNS**

**2024-2025**

### **Contact Information**

**Anna Bottar, MD**

**Cell (315) 427-6263**

[Anna.Bottar@umassmemorial.org](mailto:Anna.Bottar@umassmemorial.org)

**Maxine Schmeidler**

[Maxine.Schmeidler@umassmed.edu](mailto:Maxine.Schmeidler@umassmed.edu)

## Resident- Preceptor MATCHES 2024-2025

PRECEPTOR / ADVISORS	
Name	Preceptor
<b><u>PL-1's</u></b>	
Emily Dickson	Leah Evans-Wong, UMass Benedict
David Flores-Marin	Karen Desio, MetroWest Medical Center
Kathryn Fosbenner	Barbara Rugo, Kids on the Common
Ty Meka	Indrani Malkani, Chandler Pediatrics
Opeyemi Ogunshola	Karen Desio, MetroWest Medical Center
Emily Roop	Danielle Moncrieffe, Reliant Shrewsbury
Jesse Sardell	Bev Nazarian/Chris Driscoll, UMass Benedict
Duncan Smith-Freedman	Margret Chang/Molly Cain, TriRiver Family Health
<b><u>PL-2's</u></b>	
Sara Hyde	Kate Marino, Sarah McGowan, Jessica Ngo, Child Health Auburn
Catrina Goulet	Kate Mitchell, Bill Zawatski, Child Health Shrewsbury
Noah Manning	Karen Desio, Framingham Pediatrics
Thomas Kania	Achal Aggarwal, Reliant Auburn
Dominique Kaempf	Anna Bottar, South County Pediatrics
Jeneva Smith	Safdar Medina, TriRiver Health Center
George Tarabelsi	Christopher Driscoll, Bev Nazarian, UMass Chan Benedict
Irene Martin	Angela Beeler, UMass Chan Benedict
<b><u>PL-3's</u></b>	
Hayden Peirce	Deanna Richmond, South County Pediatrics
Colby McGinn	Patricia Maalouli & Lindsay Oliver, Reliant, Auburn
Melissa Allahua	Kirti Nagpal, Quality Kids Kare
Daria Santoro	Ingrid Cruse, Medical Associates, Leominster
Peter Jordan	Charlotte Delaney, Katie Pleet, Main Street Pediatrics
Ariana Perry	Erin McMaster UMass Benedict
Catherine Cattley	Bev Nazarian, UMass Benedict
Raul Martinez-McFaline	Karen Desio, MetroWest Medical Center

## TIME IN THE OFFICE

1. You will generally spend 1 "session" per week at your primary care community site. A session is a ½ day, typically an afternoon from 1- 5PM.
2. During Adolescent Block, continuity clinic shifts from the afternoon to a morning session.
3. During ward months, you will do two full-day clinics rather than 4 afternoon clinics
4. Morning sessions on Mon, Wed, and Thursday begin at 9:00 am or whenever your preceptor begins the day. Morning sessions on Tuesday and Friday begin at 9:00AM, after you attend "Core Lecture" or Grand Rounds (attend virtually unless clinic at UMass). During Primary Care block months, residents and preceptors decide together if residents may attend Morning Reports (8-9am) and start their day late.  
*\*\*Please talk with your preceptor to determine start times for AM clinics.*
5. You also will have Core Conference one Tuesday afternoon each block from 1- 4:30, so on those afternoons would not have clinic and would use an alternate day if your primary clinic is Tuesday.
6. Afternoon sessions typically begin at 1:00 and end between 5 and 6:00PM. We ask preceptors to try not to schedule patients until 1:30. This will allow preceptors and residents to have 30 minutes of teaching-learning time before the patient session begins. It is important that you make every effort to arrive on time at 1:00PM.
7. You will have a Primary Care Block Rotation (4 weeks) each year at the continuity site. You should expect to spend 1- 2 sessions each week during block month doing experiences in the community (visiting agencies or schools, attending community fairs/events, etc.). During intern year you are expected to use block month to complete the "Our Town" curriculum (See appendix). PL-2s should plan to do a home visit, a school visit, as well as other experiences both in and outside of their community. PL-3s should try to select community experiences relevant to their chosen track. (See more in section Block Rotations)
8. Night Float weeks: Residents will work one week of a night shift (NS) during each Ward, NICU and PICU blocks. Residents will not come to continuity clinics during night shift weeks.
9. You are responsible for letting your preceptor and your office know about any schedule changes. Please ask your preceptor about who you should contact in the office about their schedule and any changes. **It is especially important to let your office know about vacations well in advance (ideally 2 -3 months in advance).**

## TEACHING/LEARNING TIME

1. Our goal is to have preceptors spend 1/2 hour per half-day session teaching their resident.
2. We encourage preceptors to try to block off one-half hour between 1:00 and 1:30 for scheduled teaching time. This is a good time to review a topic from **the Johns Hopkins PEAC** (see below), to review your schedule for the day or discuss patients, or follow-up on patient issues from the previous week. It may be helpful for you to identify a topic from the previous week so that you can read in advance. Some preceptors will prefer to teach “on the fly”.
3. You should try to complete one Johns Hopkins modules for each week you are in clinic.
4. During block month, you can complete extra modules or plan additional teaching sessions (e.g., over lunch) to review more of either curriculum.

We subscribe to the **Johns Hopkins Pediatric PEAC Curriculum**. **PEAC** is an online module based primary care curriculum that highlights important topics in a user friendly and interactive format that is great for independent learning.

Residents like it because it is interactive and self-directed. Each module starts with a brief quiz to assess knowledge. It then breaks down the topic into sections, each of which is introduced by a question and then explained with primary literature references and helpful tables included. Then wrap it up with one more quiz to see what you have learned. Each module takes about 20 minutes.

**To access it:** To access the curriculum go to <https://www.peaonline.org>. Then choose the University of Massachusetts from program list. Create a new account. Our access code for learners is 340

5. We also using **Keystones of Development Curriculum** created by Mount Sinai, an online curriculum that teaches development in the context of well-visits. **You will receive an email invitation and reminders to complete this curriculum by the end of your intern block month.** The 13 modules will take up to 4 hours to complete.
6. While some preceptors will follow the primary care curriculum, others may teach “on the fly”, or focus on topics related to patients being seen.
7. Most teaching comes in bits and pieces before, during, and after patient visits. For some preceptors, blocking out two 15-minutes slots or allowing an extra 5 to 10 minutes between patients is more feasible than blocking out a 30-minute time. Most find that blocking out time early in the day is often easier than finding time at the end of the day.
8. During the first 6 months of your intern year, your preceptor is expected to come into the room after every patient, to “meet” the family, and to review key exam or history.
9. After the first 6 months, you should review the patient with your preceptor before the family leaves the office. You should always feel comfortable asking your preceptor for advice and ask questions, to see the patient, to review an exam finding, etc.

## **SCHEDULING PATIENTS**

1. PL-1s usually begin seeing patients for 1 hour for a health supervision/well visit and 1/2 hour for a sick visit. This includes the time to present the patient to your preceptor and go back in either alone or together.
2. By the end of the PL-3 year, residents should be able to complete most health supervision visits in about 30 minutes and most sick visits in about 15 minutes, including teaching time.
3. Sometime during the end of the PL-1 year or the beginning of the PL-2 year, you may decide to speed up their visits. Whether or not this is accomplished by a formal change to, for example, a 40-minute well-visit and a 20-minute sick visit will depend on the individual office scheduling methods.

## **BUILDING A PANEL OF PATIENTS**

1. RRC requirements read, “... residents must care for a panel of patients that identify the resident as their primary care provider.” There is no longer a requirement for numbers of patients in the panel.
2. We suggest that Interns see at least 3 patients per half day; PL-2s see 4 patients per half day; and PL-3s see 5 patients per half-day.

3. A “panel” patient may be:
  - a patient who identifies the resident as their physician.
  - a patient in the preceptor’s panel who the resident has seen in some continuous way, e.g., has followed for an illness.
  - A “shared” patient who you and your preceptor see together or alternate seeing.
4. Ideally, your panel will include several **newborns**, so that you can follow them for the throughout residency.
5. Optimally panels will also include children with **chronic illnesses/special health care needs**. This can be children with complex medical needs or with more common chronic conditions (asthma, ADHD, autism, etc.). Preceptors may wish to “**share**” the care of their current patients with special health care needs. Residents should be guided to identify resources and coordinate care for these children.
6. Your panel should also include a mix of ages, including **school aged** and **adolescents**.
7. Tips for building a panel:
  - Enlist the support of office staff to build your panels. Get to know staff at the front desk and who schedule patients and let them know when you are in the clinic. See if there is a regular staff meeting time where you can meet staff or join staff for lunch.
  - Ask your preceptor to contact the “hospitalist” (or you can contact the intern on nursery block) at the newborn nursery at UMass, or any other hospital to suggest the “unattached” newborns be referred to you.
  - When you are in the newborn nursery, or on the wards, in the ER or NICU/PICU, and see a patient who has no PCP, ask if they’d like to be seen by you in your clinic.
  - Ask your preceptor if you can have business cards made with your name.
  - Preceptors can promote you by putting your photo in the lobby, or by introducing you in their newsletter, or on their website or Instagram/Face Book pages.
8. To increase continuity with patients, encourage families to schedule their next few well-visits with you before they leave the office. You might want to walk them out to the scheduling desk to facilitate this.
9. Depending on the electronic medical record you use, it may be possible to list yourself as the PCP. For example, in EPIC, you can be listed as PCP and your preceptor can be listed as academic PCP. This helps office staff to identify you as the PCP and to schedule patients with you. It also makes it easier to extract a list of your patients from the EMR for outreach.

## Block Rotation Months

### PL-1s- Focus on the local community: “Our Town”

1. The primary care (PC) block rotation is scheduled in the first six months to give interns an opportunity to build patient panels and to bond with the practice. All time is spent at the continuity office or in activities in the community.
1. We expect interns to come to Tuesday Core lectures (from 7:30-9:00) and Friday Grand Rounds (from 8:00-9:00). Since these are offered virtually, you can attend en route to clinic or at clinic. Residents and preceptors should decide together if the resident can attend morning reports on Mon, Wed, and Thursdays from 8:00-9:00.
2. Interns should have opportunities to observe and participate in additional activities within and outside of the office. Within the offices, residents may spend time with other practice physicians or staff, assist with telephone triage, or work with ancillary professionals such as social workers or physical therapists.
3. Block month is a good time for the resident to learn about practice management. This may include learning about office personnel, patient scheduling, patient flow, billing procedures, and medical records.
4. Interns are expected to spend about eight half-day sessions of their block month completing the “Our Town” curriculum (see appendix), which allows them to get to know their continuity clinic community, and to visit and learn about community resources.
5. Block month is also a good time to try to cover more of the Primary Care Curriculum (Johns Hopkins, Mount Sinai)

### PL-2s- Focus on the local community and beyond

1. The block rotation is a time to increase patient panels #s and to see more urgent visits.
2. This is also an appropriate time to begin or practice managing telephone calls, since resident schedules can be adjusted to allow for evening call-backs.
3. Residents should spend several ½ day sessions continuing to get to know the community. This could include making a home visit to a patient, or observing a patient at school, making rounds at the hospital or nursery, or visiting community agencies not visited as interns.
4. The PL-2 block month a good time for residents to visit agencies that may be *outside* of the local community but that are relevant to primary care. It’s most helpful if preceptors sit down with residents several weeks before the block to plan visits that are most interesting for the individual resident.
5. All residents are required to do a quality improvement project, and some may choose to do one in their continuity clinic offices. For those who do, block month is good time to work on it.

## PL-3s- Focus on systems, chosen track, individualized curriculum

1. PL-3s should spend 1 – 2 sessions each week visiting community agencies. When possible, they should choose experiences that are related to their track (e.g., a resident planning to specialize in GI, could attend a Crohn's support group).
2. PL-3s who plan to pursue primary care may use some of their primary care block to visit other practices and other practice types, e.g., solo, group, or large system sites.
3. PL-3s may want to spend an evening or weekend day taking call (with back-up) in place of a daytime session.
4. PL-3s may also want to speak with staff about office management issues that may interest them as they begin to evaluate their future choices.
5. The block rotation is also an appropriate time to schedule termination visits with patients.

### General Guidelines for Block Month

- 1) Plan to spend 1 -2 sessions each week of block month out in the community. Talk with your preceptor about the best time for you to do this. If your preceptor is in the office part-time it may be best for you to do community visits on days when they are not there.

#### **Johns Hopkins PEAC Curriculum**

To access the curriculum, go to <https://www.peaonline.org>. Then choose University of Massachusetts from program list. Create a new account. Our access code for learners is 340.

- 2) We want to help. Please let us know if you are having difficulty arranging community experiences. Also let us know your ideas for good experiences so that we can share them with other residents.





## **“OUR TOWN”**

### **INTERN BLOCK MONTH COMMUNITY EXPERIENCE**

Interns should spend a few sessions a week during their block month getting to know the community where their\ continuity practice is located, using:

- 1) A “Windshield tour”
- 2) A community scavenger hunt
- 3) Research about town statistics
- 4) Visits to community agencies

Below is the information that you should try to obtain:

Resident: \_\_\_\_\_

Preceptor: \_\_\_\_\_

Continuity Clinic Site: \_\_\_\_\_

Town/City: \_\_\_\_\_

#### **I. “Windshield tour”: Drive/ walk around your practice community and take notes or photos of**

• Your office	• Nearest pharmacy
• “Main Street”	• Daycare
• Public school closest to your office	• Parks/Green spaces
• Public housing	• Local stores/groceries
• Library	• Food pantries
• Town or City Hall	• Farmer’s Market
• Church/synagogue/mosque	

#### **II. Scavenger Hunt (online or in person): Collect some of the following**

• How is the town governed?	• Brochure/flyer listing free activities for kids or teens
• Bus schedule (if applicable)	
• School committee meeting dates/times	• Info on library activities for kids
• Menus from 2 restaurants: ethnic, family, upscale	• Town Annual Report

### III. Research community statistics

• Town/city population	• Largest racial/ ethnic groups
• # of children	• Major languages (other than English)
• Average family income	• Birth rate
• # Living in poverty	• Infant mortality rate
• Average home cost	• Sources of public transportation
Largest religious groups	• High school graduation/drop out rate

### IV. Visit at least three agencies, meeting with the person in charge.

#### Think about

- a. resources that your patient use (Head start, Early Intervention, WIC) that you want to learn more about
- b. resources of personal interest to you
- c. visiting the local library or a school are great options

### V. How do social determinants of health impact your patients? Have you noticed health care disparities among your patients? Do any of the community resources you've learned about help address social determinants of health and disparities?

### VI. Prepare a 5- 10 minute presentation for your fellow PL-1s. We'll have an "Our Town" Dinner in February where you will share your presentation. If other interns have clinics in the same community, you are welcome to present together.