UCLA Geriatrics Fellows’ Continuity Clinic at UCLA Orientation  
(updated 5/4/2015)

Faculty

- Erin Cook MD (26731), UCLA Site Coordinator
- Patricia Harris MD (29620) – home visits at Belmont Village quarterly
- Susan Leonard MD (27330)

What does a clinic day look like?

- Didactics are at 0800. Didactics include cases, presentations, and board-review questions. Fellows and attendings will take turns leading. The schedule for 2015 - 2016 is being finalized.

- Clinic runs from 0830 to 1200. New-to-medicine (NM) patients are allotted 90 minutes. Return-follow-up (RF) and urgent care (UC) patients are allotted 30 minutes.

- When you see an urgent care patient, make sure to CC patient’s attending via the electronic health record with an update.

- Daily notes should be signed by Wednesday evening and sent for co-sign to the supervising attending.

Helpful People and Resources:

- Patient Service Representatives (PSRs) – staff who help by calling patients regarding labs and other clinical matters, sending prescriptions to pharmacies, starting home health orders, and making referrals to consultants and scheduling appointments, etc; Your PSR is Jose Salgado

- Care Coordinators – staff who help facilitate care for patients who have been recently hospitalized and/or who have other challenges – Maya Arnaout. (send message in CareConnect)

- Social Worker – Shana Doronn. Available to talk with patients and families by phone. She is part-time. (send message in CareConnect)

- Pharmacists – you can refer patients to MyMeds for medication review. Examples for referral include: cost of medications, medication interactions, reducing polypharmacy, improving compliance (place order in CareConnect) – Natalie Whitmire (pharmD) is a great resource for general pharmacy questions as well.
- **Nurses** – each corridor has medical assistants and nurses
  - Corridor A:
  - Corridor B: Anise, Lilly, Kristine
  - Corridor C: Evelyn, Ruby, Natalie

- **High risk program** – has a nurse and social worker who can make home visits; care coordinator can help arrange

- **Alzheimer’s & Dementia Care program** – has NPs who can help manage dementia, provide education and support to families and caregivers. (place order in CareConnect)

**Encounter Basics? Besides talking to and examining the patient...**

- Note template
- Vitals & weight
- Medication review
- Problem list
- Patient instructions
- Follow-up (next visit, note to checkout, CC another MD)
- LOS (level of service)
- Send to attending for co-sign
- **Close the encounter**

**Notes?**

- New patient visits and geriatric consultations should include CC, HPI, PMHx, social history, family history, functional status, medications & allergies. Physical examination should include an assessment of gait, mental status, and mood.
- New patients should complete a NM pre-visit questionnaire prior to their initial visit. If it is not completed, please ask the patient or family to bring to the next visit.
- New notes can be written or dictated
- Attendings with templates you can borrow– Erin Atkinson Cook, Alia Tuqan, Arun Karlmangla, & Jonathan Wanagat

**If you want to dictate:**

- Dial “#30” in-house and 310-794-2001 from outside. Follow the prompts. Your ID number is your pager number. Enter the patient’s CSN. Press “2” to pause a dictation, “3” to rewind a few seconds, “5” to end a dictation
and disconnect, and “8” to end a dictation and stay on the line for another dictation.

**Billing and Level of Service:**

- In your future practice you will need to know how bill patients and code “level of service” in order for you and your healthcare system to get paid. You will practice “billing” on all of your patients in clinic through the electronic medical records.
- Pre-set your most common “level of service” in care-connect on your first clinic day (click “wrench” tab in upper right hand corner while in the level of service tab).
- Make sure you add the “GC” modifier to all your coding (this is the “resident/teaching” modifier).
- This is a confusing process so our goal is to teach you tips on this process throughout your continuity clinic experience. Don’t hesitate to ask your attending!
**In Box Management**

- Results – reviewed, results release, results note, letter
- Patient Calls – check daily – ideally 1-2 times
- My Open Charts – patient visits
- My Open Encounters (telephone calls, orders)
- Messages

**Schedule Pearls**

- Patients may be added on the day of clinic
- Watch the colored dots on your schedule
- Urgent care patients may be under 65
- Keep an eye on the clock – it can be easy to run behind

**Logistics**

- Arrive by 8 am for didactics
- Clinic responsibilities may overflow past 12 pm at times
- NOTIFY YOUR PSR (Jose Salgado), CLINIC MANAGERS (Lara Peltekian) & Erin Cook of planned absences (e.g. board exams, conferences, etc.) as we want to block your clinic as far in advance as possible

**Absences**

- Notify Dr. Cook of any *expected* absence including conferences, mini-fellowship, board exams, and vacation (ie: this is known well in advance). These require at least one month notification
- Notify clinic attending and Dr. Cook of an unexpected absence (ie: illness) ASAP. This should be done via email AND page
- If you suspect you may be absent given a personal/family illness but are not 100% sure, it is best to still notify Dr. Cook as EARLY as possible so she can put your clinic on hold.