**SHIFA CLINIC FACT SHEET**

Wifi Password: HealingWithLove1092!

Staff

* Maria and Evelin—Administrative front desk
* Tammy – Food pantry coordinator
* Edelin – Volunteer coordinator
* Lupe – Office manager
* Hailey – Primary care PA
* Mercedes – Primary Care NP
* Helen—Primary Care NP
* Dr. Khan – OB/GYN MD
* Dr. Rayburn – OB/GYN MD
* **\*\*REMEMBER… IF YOU DO NOT KNOW THE ANSWER TO SOMETHING OR DO NOT KNOW WHAT TO DO, DO NOT HESITATE TO ASK FELLOW STUDENTS OR OTHER ADMINISTRATIVE STAFF\*\***

**Patient Encounter**

* Monday/Wednesday/Friday – Primary Care
* Tuesday/Thursday – OB/GYN (respectively)
* The first Wed and Thurs of every month are switched, Wednesday is GYN and Thursday is Diabetes day
* Students are to take every patient to the back and get a weight (and urine on OB days), room the patients and obtain vital signs.
* ALWAYS ask patients if they speak English or have a translator to call prior to initiating the visit. **PATIENTS ARE REQUIRED TO HAVE A TRANSLATOR FOR EVERY ENCOUNTER. GOOGLE TRANSLATE IS NOT PERMITTED. This leads to miscommunication, misunderstanding and poor patient care. If patients do not have a translator please inform Lupe, Evelin or Maria to come back to the room and speak to the patient**
* Complete HPI and PE with patients while in the room
	+ On OB days PE includes fundal height and fetal heart tones
	+ REFER TO THE SHIFA PRENATAL CHEAT SHEET FOR PERTINENT QUESTIONS AND PROPER OB CARE
* Present patient visit to provider of the day
* Discuss patient case and come up with game plan (ensure you and the provider have the same understanding for the plan so you can properly document this in the patient chart)
* Bring patient to the front desk and inform Maria/Evelin when their follow up appointment is, if they need to get labs done prior to their next visit.

**Charting**

* New Patients:
	+ Ensure that intake information is completed on initial visits (PMH, allergies, family history, social history, sexual orientation/preferences)
	+ OB patients 🡪 ALWAYS CREATE AN OB EPISODE. This is where you will input the patients LMP, initial ultrasound date for accurate EDD dating. This is also where you will upload urine dipstick, FH, and FHT results from the visit.
* Established Patients:
	+ Ensure medication list is updated
	+ Document HPI, ROS, PE and A+P.
	+ In each A+P, make sure you clearly show that the note was documented by you
		- Ex. “Documented by First Last, PA-S
* Make sure all charts are completed and orders are signed prior to leaving clinic. On family medicine days, Hailey will sign her own orders. On OB/GYN days you will need to sign the orders because Dr. Khan does not always sign off her charts that same day.
* All vaccinations need to be documented in the A+P
* All new diagnoses need to be “pushed over” to the problem list by selecting the back arrow under that diagnosis
* **PATIENT PHARMACY AND LABCORP NEED TO BE ADDED INTO EVERY CHART**
* All urine dipsticks, pregnancy tests, and fingerstick blood glucose levels done in office need to be documented as **POINT OF CARE** testing under the orders tab in the A+P
* Medication refills (whether sent to pharmacy or dispensed from our internal pharmacy) need to be documented in A+P

**Vaccinations**

* **ASK EVERY PATIENT (SEPT-MAR) IF THEY WOULD LIKE A FLU SHOT IF IT IS NOT ALREADY DOCUMENTED IN THEIR CHART**
* If they have already received tha vaccination from an alternate source, insure that is updated in their vaccinations
* Vaccinations requiring prior application
	+ Shingrix
	+ Gardasil
	+ TDAP
	+ Pneumovax
* The only vaccine that DOES NOT require application is INFLUENZA vaccine
* Influenza vaccine requires daily tally on the vaccine refridgerator
* Confirm with Edelin prior to giving any vaccine (other than flu)
* All vaccinations need to be documented in the A+P as administered/declined
	+ Ex. ICD10: “administration of influenza vaccination” or “declined influenza vaccination”
* TDAP vaccination to be applied for on the initial OB visit
* TDAP vaccine to be given after 28 week pregnancy visit
* LOT# and EXP date can be found on the vaccine vial

**Pharmacy**

* Medication refills (whether sent to pharmacy or dispensed from our internal pharmacy) need to be documented in A+P
* Medication orders are to be signed by students on OB/GYN days and Fridays
* Every medication dispensed from our pharmacy needs to be documented in the pharmacy computer
* Every Nexplanon/IUD needs to be documented in the LARC section in the pharmacy computer
* Patients are to call the clinic for refills when they have ~7-10d left of their prescription
* Provide patients with GoodRx coupons before they leave!

**Consent Forms**

* All Nexplanon/IUD insertion and removal need to have signed consent prior to the procedure
* Nexplanon insertion consent form is located inside the device box
* IUD insertion/removal and Nexplanon removal consent forms are located in the blue binder

**Labs**

* Labs can be sent via Athena in the A+P section and patients can go to labcorp to have blood drawn
* Sending specimens to the lab requires documentation on lab slips
* Most labs are found on the Primary Care slips (CMP, CBC, HgbA1C, Lipids, etc). Chlaymida/Gonorrhea/Trichomonas and Group B swab are also on the primary care lab slip even though they are common labs we order on OB days
* Gynecology lab slips are used to send pap smears
	+ Check off: Pap smear with Rfx to ASC-US, Cervix, Thin Prep, Bruh/Spatula or cervical broom depending on what probes you use
* Patients are to get their lab work drawn fasted
* We offer prenatal genetic screening after the 12 week visit, which students complete in office and give to Maria at the front desk.
	+ Patients receive a card from the box that they can use to get their results as early as 2 weeks, or we discuss results at their next visit
* **ALWAYS REVIEW PATIENTS LABS WITH THE PATIENT AND DISCUSS THEIR VALUES/MEANINGS.**

**Check out/ Front Desk Requests**

* Inform Marie and Evelin how long until patient follow up, if it is in clinic or telehealth, and if labs need to be completed prior to the next visit
* Inform front desk of any referalls we are sending the patient to
* Inform the patient that most referrals/imaging are going to be out of pocket cost but we do have options for patient assistance to help cover the cost, that they can inquire about at the front desk
* Patients are to call the clinic for refills when they have ~7-10d left of their prescription
* Inform patients that their medicine may not be available to pick up at the pharmacy until later that evening (orders sometimes don’t get signed until the end of the day)
* The earliest they can go get their labs done is the morning after their appointment (needs to be fasting). But we usually want patients to get their labs done AT LEAST A WEEK PRIOR to their next visit.
* Patients have 3 days to pick up their medicine from our pharmacy if we refill it via phone call/telephone
* Provide patients with GoodRx coupons before they leave!
* **IF PATIENTS DO NOT GET LABS DONE PRIOR TO NEXT VISIT THEY WILL HAVE TO PAY A FEE**
* **PHARMACY AND LAB CORP NEED TO BE UPDATED IN PATIENT CHART PRIOR TO CHECK OUT**

**Telehealth via Doc Response**

* Provider logins as listed below or on the whiteboard in the student workspace.
* The login link is provided here: <https://clinic.docresponse.com/apps/control/facility/login>
* Charting is the same for a telehealth visit (PE is shortened due to lack of examination)

**Dot Phrases/ Text Macros**

* These can be found on the whiteboard in the student workspace. These will autopopulate a template for your basic physical exam findings, diabetes HPI, or CCPN colonoscopy referral.
* You will need to add .fullpe and .briefpe to your text macros by going to: “Settings 🡪 Text Macros 🡪 User: hlibengood. Section: PE 🡪 Copy )