**Resident Responsibilities in Primary Care Clinic**

**General Supervision**

* Residents are expected to seek guidance and support between face to face visits. If after the visit, you have questions, contact the attending you precepted with. If a concern is not directly related to a specific encounter, or if the encounter attending is not available, reach out to your inbox attending for help. Contact the Medical directors regarding staff/attending concerns, general clinic problems or unresolved patient care issues. Attendings can be reached by ORCHID message, email, or pager.
* When sending any ORCHID message, always CC your attending
* After signing notes/documents, always forward this to your attending for signature

**Support**

* Your assigned inbox CMA can help with non-clinical tasks such as: communicating normal results with patients; instructing patients to call the referral center (SCL, Specialty Care Linkage) for specialty appointments; instructing patients to schedule imaging, go to lab, etc;
* Your assigned RN care manager can help you with clinical tasks such as: communicating abnormal results or addressing clinical issues (i.e. med changes, symptom F/U, post ER or hospital F/U)

**Inbox Coverage (Proxy)**

* When a resident is on: Vacation; UCLA rotation; Away Elective, inbox coverage is provided by the resident’s POD cousin, who is on Amb Med block. This applies to Cat/Prelim residents. PC residents: see separate handout
* The resident needing coverage is responsible to sign this out with their Pod cousin. Please add proxy for the coverage period and communicate this with your POD cousin and inbox attending.
* Please contact your inbox attending ASAP if circumstance makes it such that you can’t check your ORCHID inbox

**Lab Results and Messages**

* Resident (or proxy) is responsible for reviewing ORCHID inbox daily to F/U on lab/imaging and review messages.
* Messages for med refills or patient questions/concerns from Clinic A are always directed to the POD cousin who is on Amb Med block. Inbox attendings should always be CC’ed on these messages.
  + Use “med refill autotext” for medication refill requests
* Messages from patients
  + Urgent matters should be addressed the same day; non-urgent matters can be addressed within 24-48 hours.
  + Formulate a plan, discuss with attending and document this in ORCHID
  + Residents on non-ambulatory rotations may still receive messages from other clinics, ER/UC, etc. Resident (or Proxy) should review such messages and respond accordingly.
* Labs/imaging
  + Once a result has been reviewed and deemed *normal*, click “okay and close” to clear this from your inbox
    - Results can be communicated to patient via phone call (resident or CMA) or via a patient letter.
  + For *abnormal* results, the resident is responsible for formulating a plan, discussing the plan with their attending and addressing how the plan will be communicated with patient (i.e. Resident vs RN will F/U).
    - You can use the same ORCHID message thread to formulate your plan, obtain attending endorsement and note actions taken.
* ORCHID Inpatient/ED Clinical Summary notes are sent to empaneled residents. Resident (or proxy) should review the chart and follow up on outstanding clinical tasks as needed from the discharge summary/ED note.
  + Send an ORCHID message to your *assigned RN*, CC’ing your inbox attending, for other follow up, or to request a sooner appointment as needed.
* RN Care Manager notes are sent to empaneled residents and their inbox attendings. Inbox attendings are responsible for addressing outstanding issues; residents should review notes and can consider responding as needed if they have insight that may be helpful

**Forms**

* Residents on Amb Med block may receive ORCHID messages to complete forms for their patients and the patients of their Pod/Firm cousins.
* Forms should be addressed at each clinic session and typically can be completed electronically. For questions, please speak with your inbox attending or preceptors.

**E-consult (Specialty) Referrals**

* Residents should review their e-consult inbox within 72 hours of email notification regarding a new message.
  + If a referral is “closed for a face to face visit,” SCL (Specialty Care Linkage) will contact patient to schedule an appointment with the specialty clinic.
  + For important/time sensitive referrals, please message your inbox CMA to notify patient of approval for face to face visit so patient can call for an appointment.
  + If a specialist replies to your e-consult with recommendations (i.e. additional labs, imaging, etc), please order appropriate labs/imaging studies as directed and with consultation with your inbox attending. Place a note in the chart stating you have done so.