

Outpatient Care Responsibilities

Outpatient clinics are an extremely important part of every rotation. All residents are expected to report to their clinic assignments *on time, appropriately dressed, and ready to work*. Specific clinic responsibilities will vary with the rotation, and lists of those responsibilities will be appended to this book as needed. For most clinics, the following general rules apply:

1. Arrive when you are supposed to arrive. If a legitimate delay occurs, notify the clinic nurse as soon as possible so that arrangements can be made. Nobody likes to be kept waiting, but keeping patients informed goes a long way toward keeping peace in the waiting room.
2. Clinic physicians must work together until all patients have been seen. If clinics run overtime and overlap with scheduled didactic conferences, the junior residents will attend the conferences while chief residents finish the clinics.
3. Prospective surgical cases must be seen and approved by the chief resident or faculty person prior to scheduling.
4. It is the chief resident's responsibility to see that the clinic is conducted in a manner that is as efficient and patient-friendly as possible. Patients whose conditions require lengthy appointments should be scheduled, if at all possible, toward the end of the day or brought back on another day if necessary, so that other patients are not kept waiting for inordinately long periods.
5. Whenever possible, continuity of care is to be provided. Thus, residents should go to surgery with the patients they have worked up, and post-op patients should be seen and followed by the resident who performed their surgery.
6. Patients with special problems (Otologic, Plastic & Reconstructive, Pediatric, Laryngologic, Head & Neck, etc.), those whose problems do not resolve as expected, or any patient who develops a complication, should be represented to the appropriate staff person(s) for input into their care. Mechanisms for such presentations include direct faculty consultation as well as discussion at patient management conferences.
7. Clinic equipment and charts are not to be removed from the clinic unless approved by the Head Nurse and the Chief Resident.