

Guidelines for out-of-office patient communication for ECMH students:

One of the pillars of the Patient-Centered medical home model is care coordination and being proactive with management for high risk patients. Medical home patients need health coaches to help teach self-management and they need outreach to ensure they are meeting their care goals/quality targets.

Given the importance and proven benefit of health coaching and outreach in the medical home model, it is clear that our ECMH students will need to establish ongoing lines of communication with their patients, and this communication can be electronic (EMR mediated patient portals like "mychart") or this can be by telephone.

Here are some guidelines to help ECMH students navigate patient communication which may occur outside the traditional afternoon clinic setting:

Acceptable/expected reasons for ECMH students to initiate a telephone or electronic encounter with a patient:

- 1) If a patient calls the practice with a question between visits- and the team nurse/preceptor passes this question on to the student - then the student may respond to that call and help try to answer or clarify the question provided that they discuss their assessment/recommendation with their clinic preceptor before telling the patient what to do
- 2) Students are allowed (and encouraged) to call their patients at 7 or 14 days after each office visit to confirm understanding of the care plan that was recommended , and the assess for improvement in the symptoms or parameters that were of concern at the prior office visit
- 3) For all high-risk patients (chronic illness, uncontrolled medical issues) - students are expected to call their patients once per month for a "check-in call" to assess for any new symptoms/problems that might have developed between visits.
- 4) If during a review of the clinical quality metrics of the team- a patient is found to be out of control or overdue for an evidence-based intervention; then it is acceptable/encouraged that a student from the team discuss the quality deficiency with their preceptor and (if the preceptor agrees) then the student may contact the patient to discuss ameliorating that quality deficiency (scheduling a screening test, getting a vaccination, changing a medication, suggesting an office visit for further discussion).

Requirements for student communication:

- a) First and second year students should only contact patients if they are being directly observed by a preceptor, by the team nurse, or by a senior student. They should generally not initiate calls or patient contact alone. We feel it is putting unfair pressure on early students to expect them to run a patient encounter without having help to trouble shoot questions.
- b) If any student contacts a patient (by phone, or by secure EMR message) then it is required that the clinical discussion be documented, any coaching advice be captured in the medical record and this documentation must be forwarded to the clinical preceptor for review.
- c) Students should never contact patients using unsecure communication (such as email).
- d) Students may only discuss confidential patient care issues with the patient themselves unless the patient specifically gives consent during the prior office visit (witnessed by the preceptor) for the team to discuss health information with their family/friends.
- e) All telephone calls from students should be done from a private line- or should be done using *67 feature in order to block caller ID. Students should never give out their private contact information , their email, and they should never arrange for any face-to-face patient encounter unless done through the official clinic scheduling process or as part of hospitalization.
- f) Students may use teach-back techniques to confirm understanding of prior care plans, they may remind patients about recommendations that have already been approved by their faculty preceptor, and they may call to "check-in" and get new updates. However, a student may not under any circumstance recommend new interventions, alterations in medications/dosages, or any change in therapy for a patient without specific (and documented) discussion from their faculty preceptor.
- g) If during any patient conversation the student hears of a new symptom/change in status/new clinical question- then the student must:
 - 1) Instruct the patient to call 911 and seek emergent care if the sign/symptom warrants- the student is required to notify their preceptor immediately by pager if this scenario ever happens [I expect this to be a rare event]
 - 2) If the acuity of a new symptom is unclear- then the student must relay the concern/symptom/question to their preceptor or team triage nurse immediately (within 30min) - so that the triage nurse can assess the need for action or escalation
 - 3) The student must pass on routine questions (requests for paperwork, routine prescription refills, getting orders for blood work, etc) on to the preceptor or team RN electronically in the chart so these questions are not lost to follow-up.

Note: If at any time a student deviates from these above expectations/restrictions- then they are required to contact the clinic preceptor immediately to discuss the breach in protocol. If the student self-reports the incident- then the preceptor can deal with the situation on a case-by-case basis and rectify the situation. If however the inappropriate communication is discovered by someone else (the student did not disclose the problem), then the student will receive a professionalism form and be required to meet with the clinic preceptor and the Dean's office to review the incident in more detail.