Guidance Document
EPIC for Students in Ambulatory Settings
Instructions for Students and Preceptors

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INTRODUCTION

This guidance document is written for students working in ambulatory care practices and the physicians who precept them in the care of patients. It is based on the idea that student should be writing notes that become part of their patients' permanent records. Documentation of notes in patient charts allows students to practice a fundamental clinical skill and enhances their sense of responsibility for patient care.

Students and preceptors should be aware of the following basic rules:

1. According to Medicare, attending physicians may use a student's documentation of the past history, medications, family history, social history and review of systems.
2. To bill for a patient visit under Medicare, however, an attending physician must independently document the history of present illness, physical examination, and decision making (i.e., assessment and plan).
3. Writing "agree with above" below a student's note and signing is not adequate to bill under Medicare rules.
4. Medicare rules regarding use of a student's note are generally accepted by all other insurers.
5. Before a student starts his or her rotation, he or she must be "authorized" to work in the specific EPIC practice setting. This authorization is conveyed by the EPIC team at Yale New Haven Hospital in advance of the student's arrival to the practice.

SUGGESTED WORK FLOW

Overview:

Once a patient has been assigned to the student by his or her preceptor, the student opens the visit encounter and creates his or her note. The student can create the note even though the patient is scheduled to see the attending physician. The student can also write orders, but is not permitted to sign them in EPIC – orders written by students will be marked as pending. Similarly, the student can indicate instructions for check out, including instructions to be printed for the patient. On closing the workspace, the student marks the encounter as "to be signed." When the attending is ready to review the work, he or she opens the encounter, reviews and sign the orders, and reviews the student's note. The attending may edit the student's note (the changes are not marked as changes). At this point the attending physician creates a second progress note that he or she signs. The attending physician then completes the level of service and closes the encounter. REMEMBER, the attending physician's note needs to include the HPI, PE, and Decision Making (i.e., assessment and plan).

Step-by-Step for Student:

1. Sign in to the practice where you are seeing patients.
2. To the "schedule" button on top of screen. Log into the schedule for the department where you are working.
3. Open the encounter for the patient assigned to you.
4. Proceed through normal workflow (review/enter history, reconcile meds, review problem list, create progress note using template from drop down menu) with the following exceptions and special instructions:
   - ❖ Orders will be pended as you do not have authorization to sign them. When you try to sign the order, a box will appear saying, "you do not have security to file the following orders."
     - ▪ Actively click "pend" at bottom right on closing your order dialogue box
   - ❖ In the section for "level of service and follow-up", you will be prompted to enter authorizing MD (i.e., the attending physician who is supervising you)
   - ❖ Enter the "Follow-up" section and copy the chart to appropriate other providers, including the attending physician who is supervising you.
2. When writing your progress note, it is suggested that you write a free text note using "create note" option. Alternatively, you can choose "blank note" or "model ambulatory-family practice physician."
   - ❖ **NOTE: at end of your note, always write, "see with Dr. _____."**
3. Set your note to "sign on close" or "sign on close encounter". This allows your note to be edited by the attending physician before he or she closes the encounter.   Once the attending closes the encounter, your note is electronically signed.
   - ❖ To confirm your note has this setting, the signature determination box at bottom left of your note should say, "sign on close encounter." Your electronic signature will then appear on your note when the attending closes the encounter.
4. Close the workspace to send the chart to your supervising attending. The encounter will not be closed because students do not have authority to close an encounter.
5. Send a "staff message" to the supervising attending to remind him or her that he or she needs to sign orders.   You may also want to verbally remind the attending physician or send a text message to his or her phone if the orders require immediate signing. The orders must be signed to populate the after visit summary (AVS) correctly, print requisitions and send meds to the pharmacy.
   - ❖ To send a staff message to your preceptor, before exiting the workspace, go to the "in basket", select "new message". Indicate it should go to your preceptor and confirm that the name of your patient is selected. Put a message in the text box saying, "this note is ready for your review and signature."
6. Check your EPIC in-basket at least once daily for messages from your preceptor or other members of the staff. You will also need to actively check test results daily.
   - ❖ Results of tests are not usually routed to a student's in basket. Instead, results are sent to the authorizer (this is _____) and the encounter provider. To see results on their patients, students need to log into specific charts and look in Chart Review.
   - ❖ Talk with your supervising physician regarding the best way to convey test results to patients you have seen. Options include:

i. Calling the patient and documenting the call in EPIC
ii. Sending a letter to the patient using EPIC.
iii. Both

Step-by-Step for Supervising Attending Physician:

NOTE: There are some actions you will want to take before the patient leaves the exam room. In particular, you may want to sign orders for laboratory tests that need to be performed that day in the clinic and medications the patient wants to pick up soon after the visit. You can sign the orders (that the student has written and pended) before you review and close the encounter.

1. Look in the "CC'd Charts" section of your in-basket for the encounter started by your student. Open the encounter you want to complete.
2. Open the encounter by clicking on the "Enc" button.
3. Reviews <u>and edit</u> the student's note as appropriate. It is suggested that attending physicians edit a student's note only to correct serious errors in fact or judgment. As an example, an attending recently edited a student note that attributed medical mismanagement to a prior physician. Anytime a note is edited, prior versions can be viewed by clicking a link at the bottom of the note section.
4. Start a new note in the same encounter. This is important and it means, of course, that there will be two progress notes for the one encounter, yours and the student's.
   a. Remember, the attending physician's note must include the HPI, PE, and Medical Decision Making. However, it can refer to the students PMH, FH, SH, ROS.
   b. The note should make it clear that the attending physician saw and, if indicated, examined the patient.
5. Open the section on "level of service and follow-up," confirm the level of service and follow-up instructions, and close.
6. Open the "Meds and Orders" section, review and sign the orders.
7. Close the encounter.
   a. When you close the encounter, the student's electronic signature will appear on his or her note. Your signature will appear on your note and the orders.