

Version 2: 1/5/20

How to run a registrar clinic

Introduction

A weekly face to face clinic will be scheduled for Tuesday morning (mixture of new and follow up) held in out-patients.

Telephone / video clinics (new patients) will be scheduled on a Monday, Wednesday, Thursday and Friday afternoon. Each clinic will have a supervising consultant by phone. These will be done from the office of the first on consultant.

Other helpful information is stored on: [common drive link](#)

Before the clinic

1. Review the patients booked in the clinic:
 - a. The clinic will be available to review on PEPR (paperless electronic patient record) at least 3 days prior to the clinic date
 - b. How to do this? On PEPR, select clinic, clinic date, consultant name, select "Consultant registrar")
 - c. For a Tuesday morning face to face clinic: 4 patients booked at 9,10,11,12
 - d. For a phone afternoon clinic: 3 patients booked at 2.15, 3, 3.45
 - e. Method of reviewing letter:
 - i. Select patient (on the icon to the left of the name for full screen view)
 - ii. Left column ; All documents ; Referrals
 - f. Arrange a discussion with supervising consultant 8.30-9 for AM, 2-2.15 for PM clinic. Confirm a suitable time for discussing the patients and their management plans with supervising consultant after clinic e.g. 12.45 or 4.15. Consider requesting an SLE.
 - g. Consultant contact details and rota for supervising consultant for clinic are on: [common drive link](#)
2. Check you have access to PEPR, Workflow Manager, and a working phone line. We recommend that you use the trust computer and phone. (If you choose to use your own mobile, ensure your phone contract has unlimited calls! In your phone settings, you should enable the function to hide your phone number).

During the clinic

1. Phone the patients (some tips below) – if you would prefer to use video, see [Appendix A](#)
 - a. Introduce yourself, name, Paediatric Registrar from BCH
 - b. "Were you expecting my call today?"
 - c. "Please could I check whom I'm speaking to?" Ask them to confirm the patient details; name, DOB, address and the GP if there is any concern
 - d. Ask if the patient is around & if they can also come to the phone, ask who else is in the room and if you are on speaker phone
 - e. Establish rapport – This is harder to do on phone than video. Might need a couple lines of small talk; check they are doing ok & well
 - f. Explain the reason for the appointment "your GP has referred you for XX"
 - g. Take a history as you would normally

- h. Consider things that might be helpful that you were unable to do by telephone/ video e.g. if weight is useful, ask parents if they can do this, if a photo or video is helpful, ask parents if they can email this to the named consultant's secretary for your attention (you must let the secretaries know to expect this!)
 - i. Remember your time-keeping & end by summarising the outcome of the discussion and plan
 - j. If not answering, try all numbers and leave a message
2. Type out your clinical notes using: [link to appropriate local software](#)
3. Remember you can: (left hand column)
 - a. Review previous letters under the 'All documents' tab
 - b. Review GP record (with patients permission), using the GP record tab
4. Immediately after seeing the child:
 - a. outcome on PEPR – **this is really important – please don't forget!**
 - i. My clinic tab
 - ii. Under "Action", select "Outcome" for specific patient
 - iii. For follow up: select the supervising consultant. Also, in comments write "supervising consultant is Dr X"
 - b. dictate / *type letter using local software* - see [Appendix B](#)
 - c. Any issues that require immediate attention, contact the supervising consultant by text/phone to discuss. If immediate review is needed, this can be arranged with the 1st on consultant
 - d. If you are requesting any tests use: [link to appropriate local software](#)
 - o For phlebotomy:
 - Request on [link to appropriate local software](#)
 - Email to **XXXXX** to request OP phlebotomy request – let them know if it can / should be urgent, routine or delayed (for patients you might not want coming to hospital at present times)
 - Copy email to secretary as **XXXXX** may request that we contact the family to confirm phlebotomy appointment details
 - Tell the family that they will receive a phone call with an appointment for phlebotomy in out-patients
 - o Add Patient to the Named Consultant results watchlist
 - Select patient
 - Grey column under patient name
 - Add to MDT / watch list
 - Select named consultant e.g. **XXXXX** – results to chase
 - In the comment box please write what test results need to be chased e.g. bloods /EEG/ radiology etc and expected date of result
5. At the end of clinic discuss patients and management plans with supervising consultant e.g. AM clinic 12.45-1, PM clinic 4.15-4.30pm.
6. We encourage the registrar to take responsibility for chasing and writing to parents with outstanding results. Investigations should be requested under the consultant supervising the clinic. Any correspondence of results and communication from the parents can be directed

to the named Consultant. However, note that these patients' non-urgent follow up will be pooled so may not be reviewed by the named supervising consultant.

Clinic letter expectations

1. Use **appropriate local software** - Include selecting OP clinic, template- OP to parents, selecting to add patient address if typing, add double signature of supervising consultant
2. Consider your clinic structure – you can make your own Auto-text for your Teleclinic if you are typing. If dictating, it helps to use some fixed heading as below.
 - Diagnosis / Problem:
 - Weight and Height: Including centiles (For face to face consults)
 - Medications:
 - Investigations:
 - Plan:
 - Discussion
 - **See Appendix B for example of how to make auto-text when typing letters**
 - **Add in Auto-link for Feedback: XXXXX**

We hope you found this type of clinic consultation helpful & would appreciate any feedback you can give us using this link: **XXXXX**

3. It's expected that you would request any written investigations and check and insert available blood results when signing the letter.
4. Any questions when dictating the letter - address in the comments box to the consultant.
5. The consultant will check the letter. If they edit it, it will automatically return to you to re-sign (we'll address any issues in the comments box).
6. The trust standard is that all letters are signed and sent out to families within 2 weeks.

Appendix A – AccuRx example of how to use video consultation software

(Works best on Chrome on the desktop)

2-minute video demo is here:

<https://support accurx.com/en/articles/3798737-fleming-how-to-do-a-video-consultation>

You can also use the Message patient facility to then send them the feedback-link.

If you identify one patient beforehand that you would like your consultant to observe the consult for a WPBA, you could ask the patient if they would be happy for you to invite your consultant to observe. If they are, you can then email your consultant the link for them to login too.

Appendix B – example of how to type a letter using local software

- Select +New patient
- Type hospital number in
- Department – General Paediatric
- Document type – OP letter – parent (we tend to address letters to families rather than GPs)
- Visit code – choose the correct visit code and date
- Main recipient +patient
- Copy to +GP
- Signatures +Consultant supervising
- Type letter – use autotext
 - Right tab
 - My autotext – click New –
 - Subject – Tele clinic Auto text
 - Write your own headings or use example given

In view of the current pandemic, we conducted a virtual clinic today to discuss the issues that led to your child's referral to our General Paediatric department.

Diagnosis / Problem:

Medications:

Investigations:

Plan:

Discussion:

We hope you found this type of clinic consultation helpful & would appreciate any feedback you can give us using this link: **XXXXX**

- Any queries – use comment box on right tab
- Sign letter