**Preceptor coverage of resident In Baskets in lieu of teaching panels**

Preceptors with just one resident are responsible for helping cover the Inbaskets of residents absent from clinic. This is in lieu of having a teaching “panel”, i.e. a half roster of patients to see. We call such preceptors “Inbasket Preceptors.” Preceptors with a large preceptor:resident ratio are also requested to help cover this pool.

**What are the goals of this system?**

* Provide reliable coverage of resident Inbaskets and improve patient care.
* Give preceptors the opportunity to teach Inbasket management.
* Improve learning in family medicine clinic (since almost all residents and preceptors see teaching panels as a hindrance to resident learning).

**The set-up:**

* A “covering group”, i.e. “pool” exists in ccLink. It is called “Residents - Covering Group.”
* When residents will be absent, the residency office will assign residents to that covering group.
* Amion shows for a given half day who is an “Inbasket” preceptor: go to amion.com, type in ccfp as the login, and click on “Clinic”. In “all rows” scroll all the way to the bottom to find “InBasket.”
* To help facilitate triplicate refills, Amion also shows the home site of each resident. The care coordinators for residents can be identified by using the [Care Coordinator list](http://isite3/UnclassifiedDocuments/MEDSRV/Care%20Coordinator%20listing%20all%20sites.xls%20) (for all providers) at iSite:

**What is expected from Inbasket preceptors?**

* You will use the Inbasket “Edit Pools” function to attach yourself to the pool by checking the box for “Residents - Covering Group” (if you find that you don’t have the option to check a box for “Residents – Covering Group”, that means your ccLink profile has not been set up to do so. You should submit a helpdesk ticket to gain access to “Residents – Covering Group”, or call 957-7272)

**HOW TO ATTACH TO RESIDENT INBASKETS: Open your Inbasket, and click on “Edit pools.” Go to the covering groups section and select “Residents Covering-Group.” Now you are attached to the resident Inbaskets.**

* In between precepting responsibilities, you should handle messages, triage, send messages back to the away resident, call patients, etc., as you deem appropriate for best patient care.
* Messages regarding care management or teaching feedback may be directed to residents through inotes (they often need a staff message to remind them to check inotes).
* Schedule III prescriptions (e.g. Vicodin) should be done with EPCS, or printed & faxed from the site of the preceptor.
* If you must do a Schedule II prescription (triplicate, e.g. methadone) for a resident working at a different clinic, you will need to use EPCS or make arrangements with the care coordinator and a preceptor at the other site (and send a message to the resident reminding him/her to take care of triplicates before he/she will have planned absences from clinic).

**What is expected of residents?**

* Before going away, you should double check that your Inbasket will be covered by the “Residents - Covering Group.” Go to your Inbasket, click on “Out”, and look through the list of providers to make sure you name (and the appropriate dates) are listed (you can click on the top of the column of providers to get it sorted by name). If you need help doing this, you can ask residency staff.
* The Inbasket preceptors will not be expected to cover messages that precede your departure. Clear up your Inbasket before going on vacation/elective/nights. Get help from a preceptor **before** going away to learn how to handle your Inbasket effectively.
* For planned absences, as much as possible, do Schedule II (triplicate) refills in advance: write a second prescription that specifies the date when the patient can fill the medicine (this can be given to the patient in advance. However, do not post-date the actual prescription, which is illegal).
* If you are on a night rotation, if time permits, help out with handling messages, especially easy ones, like normal labs (or mildly abnormal labs that do not need immediate response) or “Hospital ADTs”. You can “postpone” messages that do not need immediate response for you to handle when your night rotation is over.

**Why will preceptors cover the Inbaskets of residents who are nights, if they are still able to access ccLink?**

* Nights in the hospital are very busy, with just 3 residents covering virtually the whole hospital. Night rotations are physically and emotionally demanding because of the shift in sleep cycle. We cannot expect those residents to do their Inbaskets.
* In the middle of a night, the resident will not have a preceptor to help them, especially if they need a co-signature for a prescription, and it is difficult to do refills for controlled substances from the hospital.
* The patients need access to a doctor who can answer their questions during the daytime.
* **If you are a new preceptor and find that you do not have access to “Residents – covering group”**Submit a Help Desk ticket indicating that you are a new preceptor and need access to the “Residents – Covering Group”. In the upper right corner of ccLink is the “Help Desk” option for filing tickets.
* Since obtaining access may take a day or two to take effect, and if right now you need to help cover resident inbaskets, you have two options for figuring out which resident inbaskets you should “attach” to your inbasket:
  + Go to the “Resident Time-Off” calendar to see who is off. You also need to add the inbasket for the R1 who is at Children’s Hospital Oakland (CHO), which you can determine from Amion.com (type “ccfp” as the login, then click on “Block”, then look for who in the current block is at “PEDS CHO”
  + Call Lorena Salcedo-Alvardo, in the residency office, who manages the Time Off calendar, who can tell you who is off and which R1 is at CHO.