

Pillsbury House Integrated Health Clinic

Roles of Student Interns & Supervisors

Cross training, of all roles, is critical to the success of PHIHIC. As a student intern, you will be asked to serve in a variety of roles, throughout your experience, to give you a better understanding of the flow of PHIHIC. Each role is interdependent on the other roles for the success of the patient experience. Please review your role prior to starting your shift and know that on any given shift, you may also be asked to serve in multiple roles.

Roles & Responsibilities Defined

Greeter

The role of the greeter is the first interface with the Pillsbury House Integrated Health Clinic (PHIHIC) patient. The responsibilities of the greeter include, but are not limited to:

1. Greeting the client as they come to the PHIHIC.
2. Signing the patient in on the patient sign-up sheet.
3. Giving the initial paperwork to the patient to be filled out.
4. Answering patient questions about PHIHIC, its modalities, the experience and assisting in laying patient expectations.
5. Notifying the advocate of new patient/return patient arrivals.
6. Pairing the patient with an advocate for the day
7. Rotating, from greeter, into the advocate position.
8. Answering questions from walk-in observers of the clinic.
9. Setting up the greeter station at the beginning of the shift.
10. Setting up patient files with proper paperwork.
11. Pulling patient files for the clinic shift.
12. Tearing down the greeter station at the end of shift.
13. Retrieving and returning all supplies for the greeter station to the PHIHIC storage area(s).
14. Acting as a representative for the PHIHIC in various capacities and fielding questions.
15. Assist in set-up and tear-down of clinic and all inventories.
16. Other duties as needed.

Patient Advocate

The role of the advocate is to act as a “voice of the patient” during the patient’s clinic experience. They are the second face the patient will interact with and their role is critical to the patient experience. They will assist the new patient in filling out forms and understanding them. They will assist returning patients in escorting them to their treatment area in the clinic. The advocate will act as a “listener” to the patient and assist in drawing out information that the ICU team may find as beneficial. They will remain with the patient, whenever possible, throughout the patient’s clinical experience, and encourage the patient to ask questions, find answers and assist the patient in becoming an advocate on their own behalf for overall health and wellness. The role of the advocate is a unique and pivotal role. During waiting periods, the patient is more likely to reveal unique information to their patient advocate that they may not otherwise tell their team of practitioners. The role of the advocate is to continue to encourage and teach the patient to speak on their own behalf, thus empowering the patient in their own health and well-being. The responsibilities of the patient advocate include, but are not limited to:

1. Providing a smooth transition into the PHIHIC clinic.
2. Transitioning the patient from the receptionist area to the clinic.
3. Listening to the patient and filling in proper forms to be able to do a case presentation to supervisors.
4. Assisting the new patient in filling out forms and paperwork and explaining them to the patient.
5. Filtering out the top 2-3 chief complaints of the patient for each visit.
6. Bringing the patient to the vitals station and ensuring vitals are recorded.
7. Gaining enough insight, from the patient health history form, to bring the top 2-3 chief complaints to the Supervisor team to select an ICU team to care for the patient on the first, and subsequent, visit(s).
8. Ensuring all forms, treatment plans and feedback surveys are completed.
9. Being the “voice” of the patient to the ICU team and other PHIHIC members, and encouraging the patient to bring concerns, and relevant information, to the team’s attention.

10. Remaining with the patient, throughout their clinic visit, whenever possible (exceptions may be during the course of a full-body massage or when a patient is undressing/dressing, etc) to provide a feeling of comfort, safety and advocacy on behalf of the patient.
11. Relating relevant information to the ICU team and/or Supervisors that the patient may not feel comfortable relaying, but is relevant to the care of the patient.
12. Using active listening skills, during periods of waiting, to obtain additional or unique patient information (examples: disciplines patient may/may not be open to, contagious disorders, patient fears/concerns, etc)
13. Escorting the patient from one clinic room to the next where applicable.
14. Escorting the patient from the clinic area back to the reception area and reaffirming subsequent visits where applicable with dates, times, etc.
15. Assist the patient in filling out the exit form, upon the first patient visit, and subsequent random visits about their clinic experience.
16. Rotating from the advocate position back to the greeter position.
17. Assist in set-up and tear-down of clinic and all inventories.

Vitals Station Practitioner

The role of the Vitals Station Practitioner is to initially greet the patient into the PHHC clinic and obtain vitals information for the ICU team and supervisors. A baseline should always be taken on first visits and high/lo baselines should be repeated each visit to form a history. Anyone who can take vitals may participate in this role.

1. Greet the patient and the advocate as they enter the PHHC clinic.
2. Take the vitals of all new patients including Pulse, Blood Pressure, Respiratory Rate, Temperature and Weight and log it into the patient Daily SOAP note.
3. Answer questions the patient may have while the Patient Advocate is meeting to form the ICU team for the patient.
4. Answer questions the patient may have about the clinic experience and the various modalities of the clinic.
5. Be friendly to the patient during periods of waiting.
6. Make sure to bring to the attention of supervisors any abnormal vitals readings that should be monitored.
7. Assist in set-up and tear-down of clinic and all inventories.

Supervisor

The role of the Supervisor(s) is to assist all interns in effectively treating patients. They will serve, in a capacity, to student interns to assist in furthering their educational experience, while continuing to ensure optimum patient treatment occurs with each visit. Supervisors will assist in obtaining patient diagnoses, referral information, prescriptions and tests as recommended in the interest of the patient. They will assist the interns in treating patients, where applicable and in forming a patient treatment plan for long-term and short-term care. Their role is vital in assisting student interns with questions, sorting through health history forms, questionnaires and other critical information to provide the student interns with a sound base for treating patients on initial and subsequent visits. The Supervisor(s) will also provide patient care when the care goes beyond the intern's current scope of practice and knowledge, or if no interns are present. The Supervisors will ensure the proper documentation of patient files, referrals, signatures and recommendations are carried through in accordance with Best Practices. Supervisors will assist in assigning clinical tasks and forming treatment teams for the evening as well as overseeing clinic set-up, tear-down, debriefing of interns, and lock-up of the PHHC.

1. Assist interns in setting up the patient clinic.
2. Assign "roles" for all student interns for the clinic shift, within respective depts.
3. Assist advocates in forming an ICU team based on presenting conditions.
4. Assist ICU team in forming a treatment plan and goals for the patient.
5. Assist the ICU team with treatment(s) or overseeing treatments where applicable.
6. Sign off on all patients file information under the "supervisor" signature.
7. Answer questions of all student interns
8. Assist in acclimating new interns to the PHHC.
9. Assist student interns with proper documentation for daily SOAP notes.
10. Act as "observers" of clinic flow, patient treatment(s), documentation, record keeping, and bring to the attention, areas of improvement.
11. Assist in the tearing down of the PHHC clinic.
12. Lead the debriefing at the end of clinic shift.
13. Encourage patient discussions between the team during the shift and at the end of the shift to provide educational opportunities for all students.
14. Encourage a teamwork approach between all disciplines.

15. Address specific topics and areas of concern as they arise.
16. Orientate new interns to the clinic as needed.
17. Ensure all patient records are filled out appropriately and signed at the end of the shift.
18. Ensure lock-up of all PHIHC inventory at the end of each shift, and provide supply needs to Clinic Manager for respective depts., and general supplies.
19. Provide recommendations to the Executive Committee.
20. Oversee the lock-up of the Pillsbury House at the end of the evening.
21. Act as a liaison, between Pillsbury House, NWHSU, U of M and Adler Institute.

Lead ICU Practitioner (ICU Team Member)

The role of the lead practitioner is to be the interface to the patient in leading all new patient health history intakes and subsequent visits. The Lead Practitioner serves as a focal point for the patient to gather their main health history, answer patient questions and present a course of treatment to the patient, after meeting with other practitioners. They will also treat the patient in accordance with their needs and based on the impact their treatment has to other modalities.

1. Greet the patient in the patient room and introduce other ICU team members.
2. Gather the new patient health history.
3. Act as the lead responsible to ensure all documentation is filled in by other team members and signed by supervisors as appropriate.
4. Once they have gathered their health history, they should address all other ICU members and encourage their active participation in gathering information specific to their unique discipline.
5. Lead the initial exam, if applicable, or hand the exam off to the most appropriate practitioner, taking into consideration, the current patient needs.
6. Documentation of the Daily SOAP note, according to their discipline.
7. Documentation of the Treatment Plan & Goals according to their discipline.
8. Charting all unique patient considerations for future practitioners.
9. Presenting of the initial exam information to the ICU team and forming a treatment plan for the immediate visit.
10. Obtaining referrals, prescriptions, advice, etc and presenting it to the patient.
11. Transitioning from one provider to the next smoothly.
12. Ensuring the patient file is signed and filled out at the end of the evening according to Best Practices.
13. Assist in set-up and tear-down of clinic and all inventories.

ICU Practitioner 2 & 3 (ICU Team Member)

The role of subsequent practitioners is contingent upon available practitioners for the clinic shift. Whenever possible, new patient visits should include a team of 2-3 practitioners, preferably from different disciplines, according to the patient presenting complaints. The subsequent practitioners will "listen" as the lead practitioner gathers a health history. They should make notes of questions and interject at the end of the lead practitioner's exam. Additional practitioners should take care not to interrupt the lead practitioner whenever possible. At the end of the lead practitioner's exam, subsequent practitioners will ask their questions, in turn, specific to their discipline. They will also treat in accordance with the patient needs, and in accordance, with the impact their treatment has on other discipline(s).

1. Greet the patient as you enter the patient room.
2. Make notes throughout the lead examiners health history intake.
3. Ask questions, of the patient, pertaining to your specific discipline, and that the lead practitioner may have forgotten or you require expansion on.
4. Act as an equal part of the ICU team in bringing the history to the Supervisors and formulating a treatment plan for the day and for long-term/short-term care of the patient.
5. Incorporate your findings into the patient Daily SOAP notes form specific to your discipline.
6. Ensure all paperwork is signed in the patient file by you and your supervisor.
7. Treat the patient according to the impact your modality has on other discipline(s) involved.
8. Assist in set-up and tear-down of clinic and storage of all PHIHC inventory.