



## Improving Manager Training in the Face of a Decreased Pre-clerkship Period

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**Introduction:** The Monday Clinic (TMC) serves as one of seven University of Texas Southwestern (UTSW) student-run free clinics. TMC functions under a large parent organization collectively known as North Dallas Shared Ministries (NDSM). NDSM is a non-profit group, consisting of many covenant congregations who help deliver aid and assistance to the people who need it the most. A critical part of TMC's function stems from the fact that medical students serve as the clinic managers. As the clinic managers, students are neither involved in direct patient care nor in making medical decisions. Rather, managers coordinate the clinic work flow and logistics. Some of these responsibilities include coordinating medical student volunteers, maintaining the volunteer website, recruiting volunteer attending physicians and interpreters, running in-house point-of-care lab work, sending out lab work to outside facilities, and coordinating patient follow up if indicated.

I (Anthony Dao) was selected early on during my first year to become a manager, and now as a current second-year medical student (MS2) coming to the end of my pre-clerkship education, I have some thoughts on this organization and the training of new managers. We were able to lessen the turmoil of manager turnover through consolidation of training materials in a centralized, editable location for future managers to reference and to edit as policies change.

**Problems:** One of the perennial issues we frequently encounter in running TMC is manager turnover and having to not only train new managers but also adapt to NDSM's changing yet ever-improving policies. Within the past four years, UTSW has adapted an 18-month pre-clerkship education period. This shortens the previous managerial position length by 6 months. In the past, there would be overlap during these 6 months, during which the senior MS2 managers would have time to train the new, burgeoning first-year medical student (MS1) managers. With this new timeline, the new managers are now having to be trained shortly after being chosen, and they have less time to learn the electronic medical record (EMR) system that is necessary to schedule, enroll, and manage patients. What we have seen is that the MS2 managers have a 2-month window (**Figure 1**), during which the new managers are chosen and trained. After this training period, the new managers must manage the clinic on their own, starting in the January of their second semester.

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	August	September	October	November	December	January
MS1 New Manager	Start Medical School	<i>Chosen as new managers</i>		<i>Take over the clinic</i>		
MS2 Senior Manager				<i>Final manager shift</i>		Off to clerkship

**Figure 1.** Clinic timeline.

During the overlap month of December, the senior managers are typically present to help troubleshoot any problems. With this short overlap comes many errors related to the sometimes cursory training. Managers having to balance their schoolwork with learning how to manage the clinic leads to many problems, as we have seen and documented this past year. To try to counteract having so many errors in the future as my manager class moves onward to the clerkship period, we have compiled training materials in a way that will hopefully be sustainable for future classes.

**Interventions:** Two of the interventions my manager group implemented were having a “wiki” page and scheduling a dedicated training date with simulated patients and scenarios to prepare the new managers for whatever EMR or paperwork problem they may face.

First, our chief manager started by creating a Google site "wiki" page that was freely editable by current managers. This idea came from noticing there were many problems that would arise due to the managers not having a cohesive, collective understanding of how the clinic should be run and operated. At the end of each clinic night, the managers compile a nightly report summarizing the patients seen and interventions taken that night. We would frequently get a reply from our supervisor of some problem on our end we should fix for the next clinic. We followed email trails through problems that arose during each shift and did a root cause analysis of what we thought were the primary problems leading to each error and tabulated them. During the latter half of our managerial positions, we extensively documented the process through which we run the clinic, making sure to edit it every time an exception came up or when we were corrected for incorrectly performing an action.

One area in which this was immensely helpful for was sending out blood draws. The laboratory NDSM uses to analyze blood samples still utilizes paper forms, which were a constant source of error as there was an inconsistent level of training regarding lab draws for my manager group. Having the readily accessible "wiki" page not only led to a decrease in errors for us but will also hopefully continue to be a good resource for the new managers to take advantage of. The

important part is to keep these changes adaptable and sustainable. By having the documents and information all stored on an online service, this information is only assessible by current managers who have the URL and who can also edit it with new policy changes during their time as managers. When they start to transition to their clerkship period, they can also pass along this resource to the following group of managers.

Another implementation (albeit not performed by TMC) that was particularly helpful was the transition of all the other free clinics at UTSW over to the same EMR system (AthenaHealth). Previously, each clinic had their own preferred EMR. This meant that only the current TMC managers knew how to use AthenaHealth and had to transfer their knowledge and experience over to the new managers. Given the time constraints, it is easy to see how this was a difficult task. There are many nuances to using any EMR, and having to balance coursework on top of creating an in-house curriculum that not only covered the basics of our specific EMR but also the exceptions would be a gargantuan task for any manager class. However, since the EMR has since been standardized between the various UTSW free clinics for this current academic year and for future years to come, there can now be an easier method of training managers, spearheaded by the Department of Family and Community Medicine at UTSW. Since this problem of manager turnover occurs with all the free clinics and not just TMC, the Department of Family and Community Medicine has set up a basic mass training for all new managers to become accustomed to the EMR.

Our last intervention, unique among the UTSW student-run free clinics, was the implementation of a second dedicated training date. After the new managers are introduced to the mechanics of how the EMR works, we had our own in-house training with mock patients, so the new managers can go through the process of managing the clinic in a low stress environment that is better suited for learning. The old managers were also present to assist in pointing out and aiding with any particularly problematic situations. To create the mock patients, we thought of four common situations and themes between patients and created scripts reflective of those situations. For example, some of the nuances between mock patients often were about insurance status and residency to teach the new managers regarding NDSM's policy about only serving patients who are uninsured within a certain zip code range. Other nuances included a basic tutorial on how to find the correct resource to be well informed to answer any questions patients may have about the other NDSM services.

**Conclusion:** There is no way to get around the fact that the 18-month pre-clerkship period hinders a smooth transition of manager roles. However, the implementation of new strategies and the support of the Department of Family and Community Medicine at UTSW have both allowed us to strengthen our clinic managers' training and to lessen the problems faced with turnover.