

REFERRALS TO TREAT CO-WORKERS' CHILDREN

WE ARE HONORED TO RECEIVE THESE REFERRALS. WE KEEP OUR DOORS OPEN FOR CURB SIDE CONSULTS AND APPRECIATE THE OPPORTUNITY TO HELP OUR COLLEAGUES. HOWEVER, WE ALSO ACKNOWLEDGE THE SLIPPERY SLOPE THAT EMERGES WHEN THESE TURN UNTO FORMAL REFERRALS.

IF YOU RECEIVE A REFERRAL FOR A COLLEAGUE OR CO-WORKER'S CHILD:

- (1) If referral comes from anyone other than the child's PCP, let parent know you'll be discussing the case with the PCP.
- (2) Outline potential exclusion criteria by reviewing with the child's PCP before the referral is officially made (e.g. ask questions about any existing ACS cases, domestic violence, trauma, substance abuse, etc.). Remind PCP to let child's parent know that you will ask re: family functioning, trauma, stress, family mental health, etc. Please also note that any ACS reports are kept on file on site.
- (3) Set up a Referral Consultation meeting with the primary care provider and the parent/co-worker without the child present and:
 - a. Discuss the nature of the evaluation (everything you will be asking about) and possible treatment options.
 - b. Discuss confidentiality as related to shared charts, such as:
 - i. Charts cannot be accessed by the parent and must be obtained through medical records.
 - ii. Notes can be marked sensitive per parent request.
 - c. Identify their expectations and clarify your role as needed.
 - d. Discuss how to manage your relationship with the co-worker in the future.
- (4) Consult with your supervisor for all potential cases.

TO BE DISCUSSED WITH YOUR SUPERVISOR:

- Would seeing this patient impair your ability to be objective in working with the patient's parent?

- Is the colleague's current functioning impairing his or her performance? If so, what will you do?
- Do you have your approach ready and practiced to try to determine when an informal curbside consult turns into a formal referral?