## Community Outpatient Practice Experience

### COPE - Checklist

<table>
<thead>
<tr>
<th>Task</th>
<th>Instructions</th>
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<tbody>
<tr>
<td>COPE QUESTIONNAIRE</td>
<td>E-mail COPE Intern Questionnaire to Becky Jones as soon as you have completed.</td>
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<tr>
<td>INTERN ORIENTATION</td>
<td>Orientation dates are 6/14 – 6/30.</td>
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<tr>
<td>PRECEPTOR INTERVIEWS</td>
<td>E-mail Becky Jones your scheduled preceptor interview dates as soon as you have them scheduled.</td>
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<td></td>
<td><em>Interviews must take place before or during orientation.</em></td>
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<tr>
<td>PRECEPTOR RANK LIST</td>
<td>E-mail the preceptor rank list to Becky Jones as soon as you have completed your interviews and no later than June 30th!</td>
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<tr>
<td>COPE MATCH</td>
<td>Resident/Preceptor Match will be complete by July 2nd.</td>
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### CONTACT INFORMATION

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Community Outpatient Practice Experience
COPE

The Community Outpatient Practice Experience (COPE) program, developed in 1991 pioneered a new standard of ambulatory primary care education for pediatric residents. The program was nationally recognized by the Ambulatory Pediatric Association when it was awarded the 1996 Outstanding Teaching Award. Through COPE, each resident is paired with a practicing pediatrician in the community for one half day per week throughout the three years of residency. The program uses a variety of practice settings and emphasizes continuity of care, management of common pediatric problems, longitudinal care of chronic illnesses, anticipatory guidance and behavioral and developmental pediatrics. The program provides a unique connection between the community and the tertiary center, which is based upon understanding and mutual respect. It is our hope that through COPE, all residents may gain an appreciation for the demands and rewards of primary care practice, and will be well-prepared to make informed career decisions based upon their experience.

Interns are paired with preceptors through a matching system after they have had an opportunity to meet several preceptors in June. Pairing residents with practicing clinical preceptors provides an ideal setting for effective adult learning. Preceptors and residents observe one another regularly, allowing frequent opportunities for feedback and role modeling. In addition to clinical pediatrics, residents are exposed to the practice environment, often gaining insights into issues such as management of telephone calls, scheduling patient visits and the business aspects of the practice. In order to facilitate integration into the practice, each resident is relieved of inpatient responsibilities to spend additional time in the preceptor’s office during every year of residency.

The COPE curriculum is organized in a progressive manner, with an emphasis on health supervision and anticipatory guidance during your intern year. During the second and third years, residents are expected to gain additional experience handling acute and common pediatric problems, chronic illnesses and behavioral and developmental issues.

Currently, over 100 pediatricians participate in the program as COPE preceptors with many being former SLCH residents. Preceptor candidates are selected on the basis of qualifications such as being outstanding role models and their enthusiasm for teaching. All preceptors are experienced community pediatricians and each one agrees to a three year unsalaried teaching commitment.

COPE practice types include solo practices, small group practices and large group practices. They include private, managed care and publicly-funded practices. COPE sites are located in urban and suburban settings, 0.2 to 40 miles from the hospital (median 20 miles). The mean travel time between the hospital and COPE sites is 25 minutes. Residents are responsible for their own transportation to COPE and are reimbursed monthly for round trip COPE mileage expenses at the IRS’ standard rate per mile.
The COPE Matching Process:

As you visit offices for COPE interviews, you may begin to realize that this is an important relationship. This process was designed to give you and your preceptor the best start toward developing a successful and rewarding professional relationship.

Interns are assigned to interview groups on the basis of their preferences (COPE questionnaire) regarding practice type, etc. We will provide you with a list of preceptors to interview and as you set up the interviews, e-mail Becky Jones beckyj@wustl.edu those dates and times. You must interview with all preceptors on your list. In general, we recommend that you spend a short time chatting with the preceptor, and then observe one or two patients together. Following completion of interviews, each pediatrician and resident will submit a rank list of their preferences. We will use these rank lists to match preceptor-resident pairs.

Limited time for interviews is set aside for you during orientation, but you need to begin scheduling interviews with your possible COPE preceptors when you arrive in St. Louis well before orientation. This will make orientation week less stressful. Please call our office as soon as possible if you anticipate problems completing interviews in this time period.

When you have met with all your preceptors and have ranked them, e-mail or phone (314-454-2887) your preferences to Becky Jones beckyj@wustl.edu or drop your rank list off at the office by June 30th. Rank lists remain strictly confidential. We will inform you of the results as soon as the match is completed.

Suggestions for Meeting with COPE Preceptors

Listed below are some suggestions from past house staff regarding what they found helpful as they met with potential preceptors. We hope you find this information useful as you visit the various COPE offices. It may also be helpful to reflect upon your own interests and goals prior to visiting the offices.

Practice Type:

- What type of practice is it? (solo, small or large group, or clinic)
- What types of patients are seen in the practice? (ages, diagnoses)
- Who else (office staff) works in the office and what are their responsibilities?
- What is a typical afternoon in the office like? (How many patients? Well visits? Acute illness?)
- How might practice location influence experience (rural, inner city, distance from hospital/home?) Note: Some of the best practices are located in Illinois or in West St. Louis County.
Practice Style:
• If possible, it is helpful to have a chance to observe the preceptor conduct a few patient visits. This will give you first-hand information about the types of patients in the practice and preceptor’s style of interacting with patients and families. It is also helpful to schedule your visit at a time when you will have an opportunity to sit and talk about your interests and expectations.

Teaching:
• What are the preceptor’s expectations regarding your role in the office (expected number of visits, amount and type of supervision, ideas for ways to introduce you to practice?)
• What educational resources (books, computers, articles, etc.) are available?
• Will you have an opportunity to visit the preceptor’s hospitalized patients, make phone calls to patients, to follow up on labs that you order?