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- It's a good idea to reflect on training goals and experience at your program.
- Now is not a bad time to do this.

Optimizing Training in Medical Dermatology

Breadth vs Depth

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- Many common dermatologic conditions are chronic
 - ie, Ace, Verruca, Atopic Derm, Psoriasis, Lymphoma, Risk for skin cancer
- The continuum of chronic disease may involve flare, stability, remission, resolution.
- Disease management requires us to engage in long-term therapeutic relationship with patients.
- Do we train in dermatology in a manner that is so different from the structure in which we practice it?
- What is the perceived value of the Longitudinal training experience?
- What is the evidence that Longitudinal training benefits trainees, patients and faculty?



Program Director Survey

- UNC Survey to APD, circa '09-'10, 43 programs responded
- 4 programs with 0 designated continuity clinics
- 1 program with 1 half day per month, fixed
- 1 program with 2 half days per month, fixed
- 22 programs with 1 half day clinic per week, fixed
- 2 programs with 2 half days clinics per week, fixed
- 2 programs with 3 half days per week, fixed
- 1 program with 4 half days per week, fixed
- 1 program with all resident clinics as continuity, fixed
- 6 programs with range (1-5) depending on year of training
- 2 programs with range (4-7) depending on year of training

Program Director Survey

- BU survey to to APD, circa '09-'10, 33 programs responded
 - 2 programs with 0 designated continuity clinics
 - 1 program with 1 half day per month, fixed
 - 15 programs with 1 half day per week, fixed
 - 4 programs with 2 half days per week, fixed
 - 3 programs with 4 half days per week, fixed
 - 4 programs with all resident clinics as continuity, fixed
 - 4 program with variable (1-7) number of half days depending on year of training

Program Director Survey

- PDs Perceived Value of CC to Training
 - Mean rating of 8.7 out of 10
- PDs Perception of Value of CC to Trainees
 - Mean rating of 8.5 out of 10
- Cited barriers to augmenting CC experience
 - Logistics, Logistics, Logistics

Trainee Survey

- 179 respondents from a national sample of trainees

Question	% Strongly Agree or Agree
I have learned more about overall disease course and treatment in my CCs as compared to my rotation based clinics.	66%
I am given more autonomy in my CCs as compared to my rotation based clinics.	72%
I feel more invested in patient care and outcomes in my CCs as compared to my rotation based clinics.	67%
I have improved my therapeutic alliance and rapport with patients more so in my CCs as compared to my rotation based clinics.	76%

Trainee Survey

- 179 respondents from a national sample of trainees

Question	% Strongly Agree or Agree
CCs are more representative of the manner in which I will care for patients independently after I complete my training than are rotation based clinics.	80%
Rotation based clinics offer significant advantages over continuity based clinic(s).	23%
One of the reasons I moonlight is to improve my continuity experience.	52%
Having my own clinic template as part of my CC is useful in ensuring that patients follow-up with me.	58%

Continuity Clinics in Other Training Environments

- Relationship with Patients
- Patient Chronic Illness Outcomes
- Learner Satisfaction and Training Quality
- Preceptor : Learner Relationship

Medical School

- Students in Longitudinal Curric (vs students in Trad Curric)
 - Performed as well/better in measures of clinical aptitude.
 - Greater preservation of Pt-centered attitudes.
 - Rated atmosphere of learning, integration of basic and clinical sciences, mentorship, feedback, and patient-care preparedness significantly higher.
 - Expressed more satisfaction with curriculum
 - Felt better prepared to cope with challenges of patient care, among other patient-centered responsibilities (e.g., being caring, involving Pts in decision making, understanding how social context affects patients).

Ogur et al. The Harvard Medical School–Cambridge Integrated Clerkship (HMS-CIC): An Innovative Model of Clinical Education. *Acad Med.* 2007 Apr;82(4):397.

Sigall et al. Longitudinal Pedagogy: A Successful Response to the Fragmentation of the Third-Year Medical Student Clerkship Experience. *Acad Med.* 2008; 83(5):467.



Internal (General) Medicine

- Residents trained in an enhanced longitudinal structure developed better relationships with patients more (vs prior to longitudinal structure).
- No-show rates decreased.
- Gaps between resident and faculty patient satisfaction scores decreased.
- Residents' sense of reward and value increased.

Internal (General) Medicine

- Continuity of care improves physician and patient satisfaction as well as patient outcomes.

Guthrie et al. Personal continuity and access in UK general practice: a qualitative study of general practitioners' and patients' perceptions of when and how they matter. *BMC Fam Pract* 2006;7.

Ridd et al. "Two sides of the coin"—the value of personal continuity to GPs: a qualitative interview study. *Fam Pract* 2006;23(4):461.

Saultz et al. Interpersonal continuity of care and patient satisfaction: a critical review. *Ann Fam Med* 2004;2(5):445.

Gray et al. Evans P, Sweeney K, Lings P, Seamark D, Dixon M, et al. Towards a theory of continuity of care. *J R Soc Med* 2003;96(4):160.



Internal (General) Medicine

- Significant link between Resident (vs Faculty) continuity and improvement in glycemic control in diabetic patients.
- Residents had a greater opportunity to develop a personal relationship with their patients.
- Interpersonal continuity may be of benefit in patients with illnesses that requires a significant amount of self-management behaviors (ie, self skin exams, applying topicals).

Internal (General) Medicine

- Continuity with Trainee improves care in patients with chronic illnesses such as asthma and hypertension.

Love et al. Continuity of care and the physician-patient relationship. The importance of continuity for adult patients with asthma. J Fam Pract. 2000;49:998

Wasson et al. Continuity of outpatient medical care in elderly men. A randomized trial. JAMA. 1984;252:2413



Internal (General) Medicine

- Satisfaction with preceptors, particularly as role models
- Satisfaction with clinic operations
- Both correlated with the value residents place on continuity clinic.




Psychiatry

- Increasing Resident satisfaction with the continuity clinics as they advance in training.
- Residents also reported :
 - Improved learning about the course of mental illness
 - Improved therapeutic alliance with their patients
 - Minimal interference with other training experiences



Pediatrics

- 130 practicing pediatricians who had completed residency at the University of Utah between 1985 and 1996 indicated that CCs trained them well for clinical practice beyond residency



What is the Depth (vs Breadth) of training in medical dermatology?

- Learning through non-sequenced clinical exposures to different patients with the same disease... **versus**
- Learning through sequenced clinical experience with the same patients who have different courses of the same disease.
- What is the proper balance?

What Does the RRC Require?

- Program Requirements July 1, 2011
- No mention of continuity clinic requirement
- Are we doing enough?



Some Questions Of Interest, Unanswered

- Does the Longitudinal training experience improve **Trainee outcomes and satisfaction** related to medical dermatology?
- Do **Patient outcome and satisfaction** measures improve through longitudinal relationships with trainees in dermatology?
- Does Faculty engagement in Longitudinal relationships with Residents-
 - Improve **Faculty satisfaction** via augmented mentoring relationships?
 - Improve Trainee professionalism via **Faculty role modeling**?
 - Increase likelihood of Trainees pursuing **careers in academia**?
- **How will we meaningfully assess outcomes based performance and Milestones if majority of experiences with individual trainees are limited to brief exposures?**