

# NAS, 2014

- 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?**