Continuity Clinic: Augmenting the Longitudinal Experience

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Objectives

- **Describe** various models of continuity training: What worked, What didn't?
- **Implement** processes that can improve the longitudinal experience

- (ie, resident templates à patient here to see Dr. Resident, as opposed to Dr. Stratman) to whatever extent it already exists

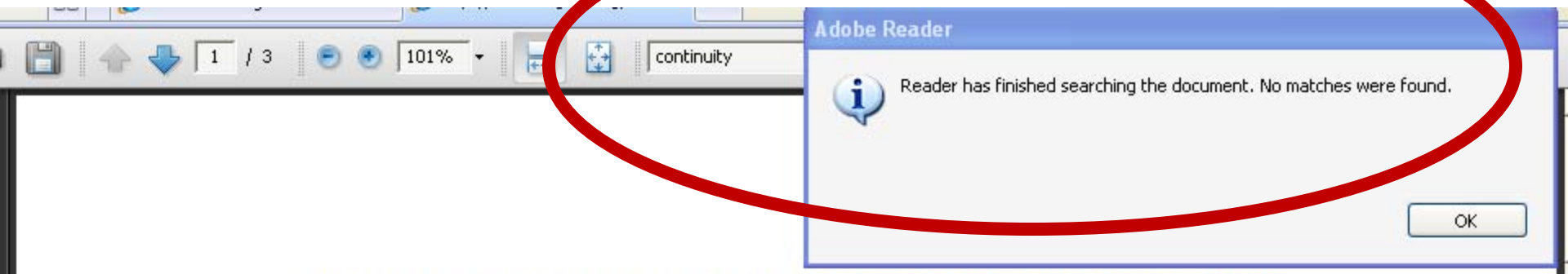
ACGME Program Requirements for Graduate Medical Education in Dermatology

Common Program Requirements are in BOLD

Effective: July 1, 2007

II.A.2.	**The program director should continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability.**
VI.B.2.	**Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.**
VI.C.2.	**Each program must have a process to ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care duties.**
VI.G.4.b).(3)	**In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.**
VI.G.5.c).(1).(b)	The Review Committee defines such circumstances as: required continuity of care for a severely ill or unstable patient, or a complex patient with whom the resident has been involved; events of exceptional educational value; or, humanistic attention to the needs of a patient or family.

NO MENTION of Continuity Clinics



The most frequent citations for the last 5 years for:

NO MENTION of Continuity Clinics

Dermatology

1. *Evaluation of Residents*

   This citation could indicate that resident evaluations are not done at all, or that they are not semi-annually, or that the evaluations are not documented.

2. *Program Personnel & Resources: Responsibilities of Program Director*

   This citation could address many different responsibilities, but very often it refers to the program director not ensuring that residents enter (or correctly enter) their data into the case log system.

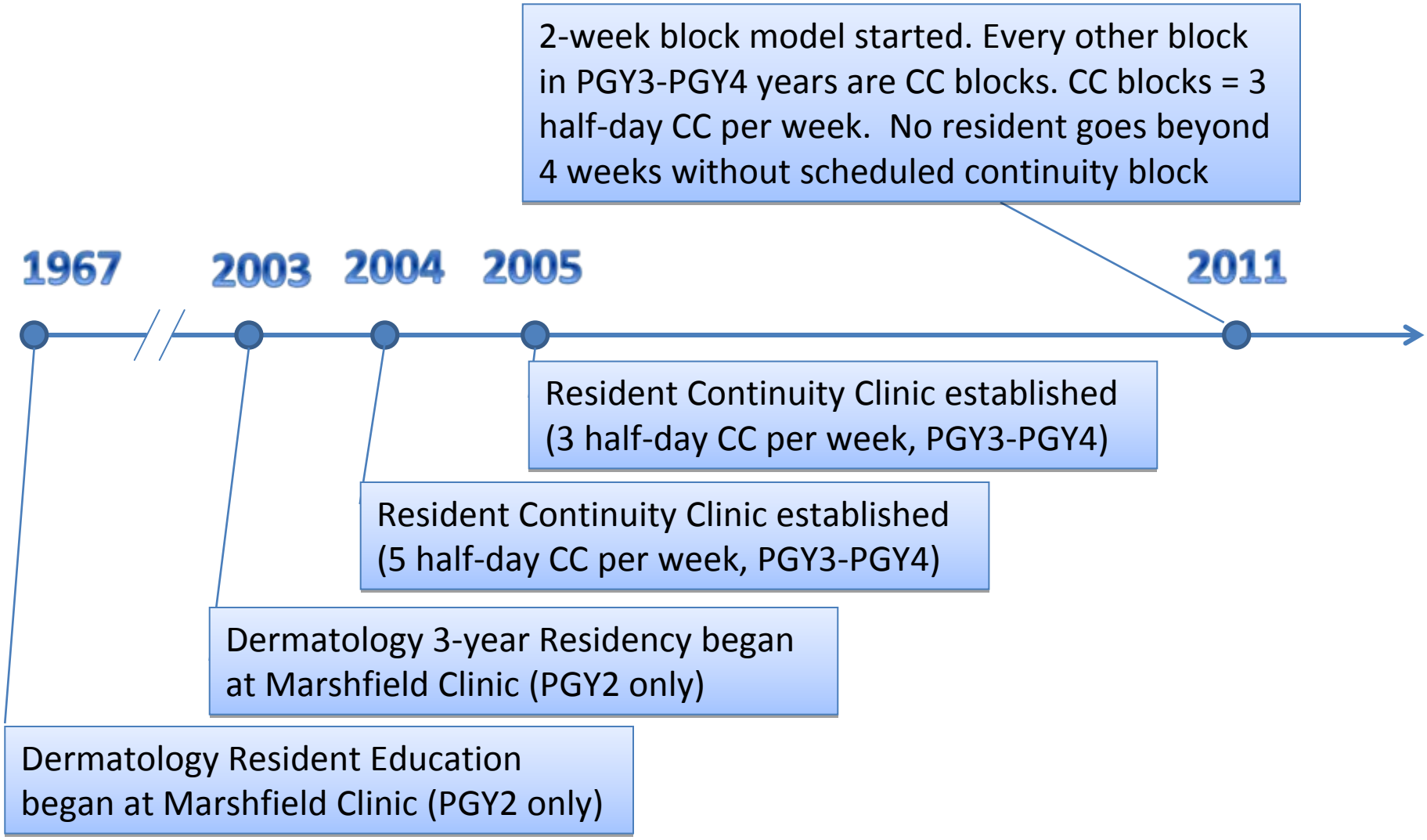
3. *The Education Program - Procedural Experience*

   This citation indicates low surgical numbers or imbalanced distribution of cases.

4. *Evaluation of Program*

Then why discuss it?
Why Keep Doing Them?

1. Continuity Quantitative Educational Advantage
2. Continuity Qualitative Educational Advantage
3. Competency Advantage in Competencies I, III, IV, V, VI
4. Opportunities for meaningful observational evaluation by faculty
5. Increased patient satisfaction about integrating residents into care (expectation rather than intrusion)



Currently: 7 residents (total)

Background of Marshfield Clinic Resident Patient Care Model

First year of residency: No Continuity Clinics

(Work Closely with Clinicians to Build Strong Foundations in History, Exam, Diagnostics, Management, and other Dermatology Fundamentals through Close Supervision, Role Modeling, Clinical Mentorship)

Background of Marshfield Clinic Resident Patient Care Model

Usually Between September and March of First year of residency: Functions much more like side-by-side Team

Background of Marshfield Clinic Resident Patient Care Model

Continuity Clinics regularly throughout Second and Third years

Supervision most often related to process, efficiency, and plan generation

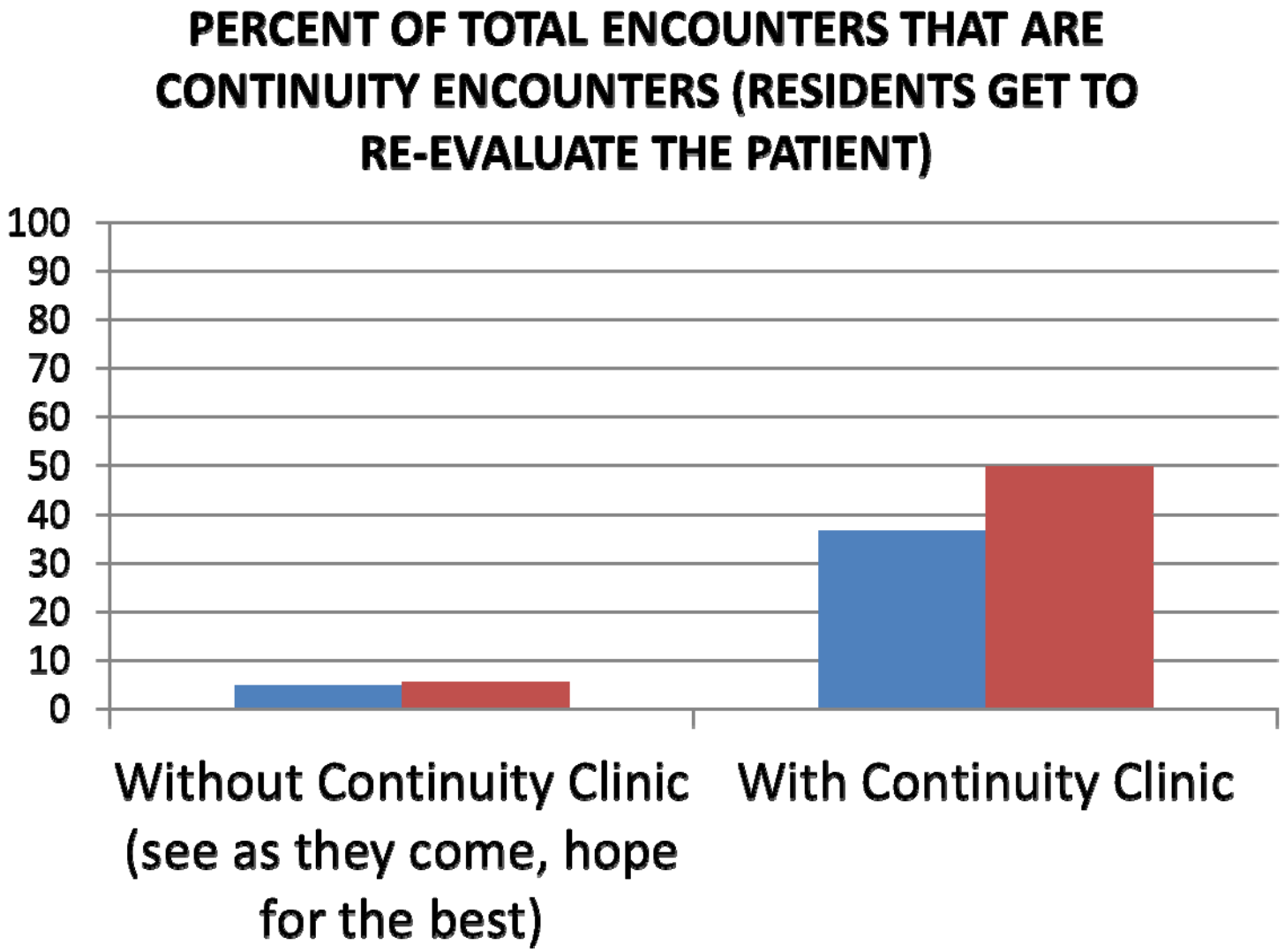
Few CC attending supervisors

Assumption #1

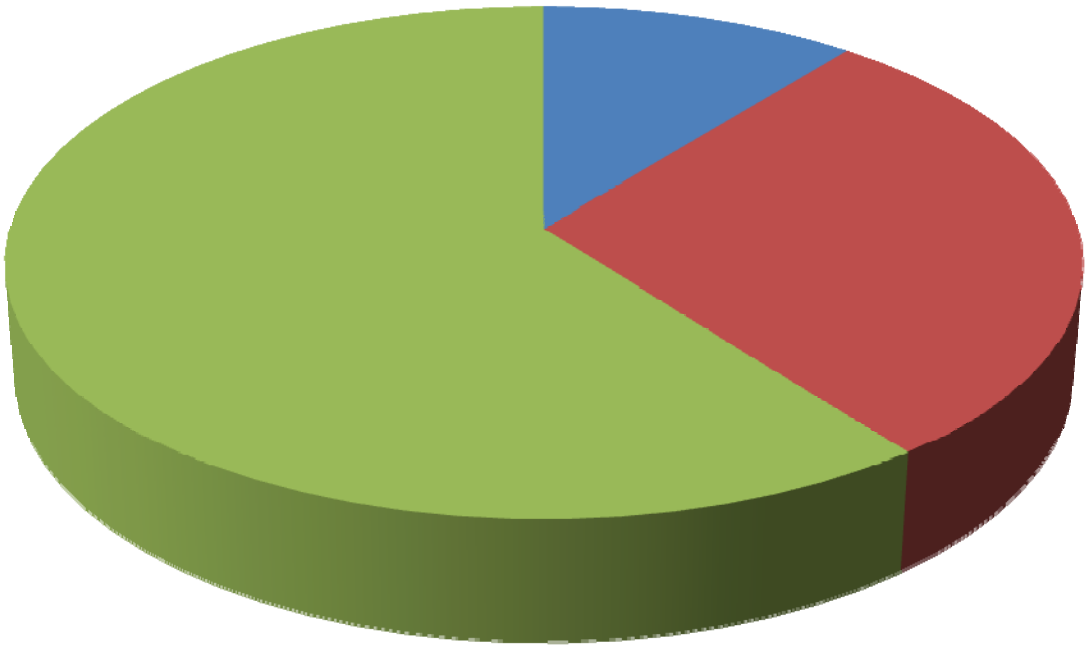
Seeing Patients Repeatedly Benefits Education

- Disease Evolution
- Impact of Therapy
- Clarity and Patient's Interpretation of Your Instructions
- "Real World" modeling
- Experiencing Longitudinal Rapport
- Encountering Systems "hiccups"

Quantitative Advantage



Average Graduating Resident Patient Encounters



- Pediatric patient continuity
- Adult continuity
- One-time Patient Encounter for a Particular Resident

2. Continuity Qualitative Educational Advantage

Small Survey of Graduated Residents:

1. What were the benefits?
2. What were the challenges?
3. What was your cc design?
4. What would your ideal be to best prepare you for competent practice?

2. Continuity Qualitative Educational Advantage

Benefits:

“Real world care.”

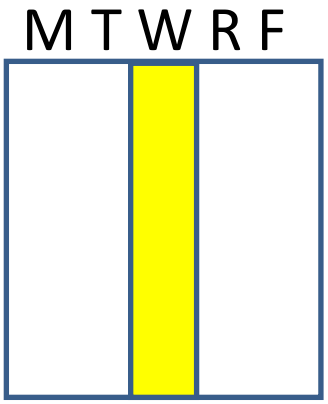
“Higher sense of ownership”

“See the consequences of my actions or inactions”

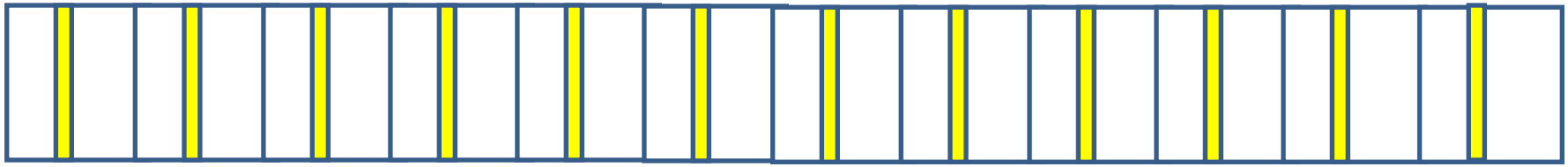
“Experience disease evolution”

“Solve systems problems”

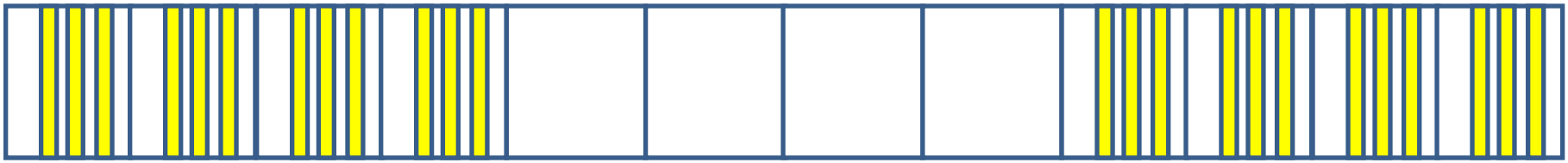
“Best part of residency.”



= 1 week with 1 day of continuity clinic

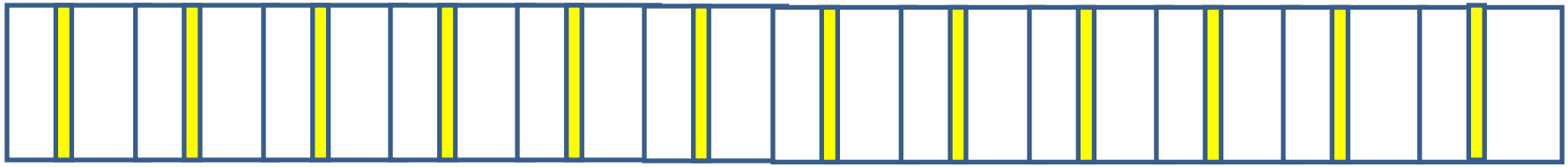


Model 1: Year-round weekly continuity clinic



Model 2: Every-Other Month blocks heavy with continuity clinics

Model 3: Every-Other 2-week blocks heavy (4 half days) with continuity clinics

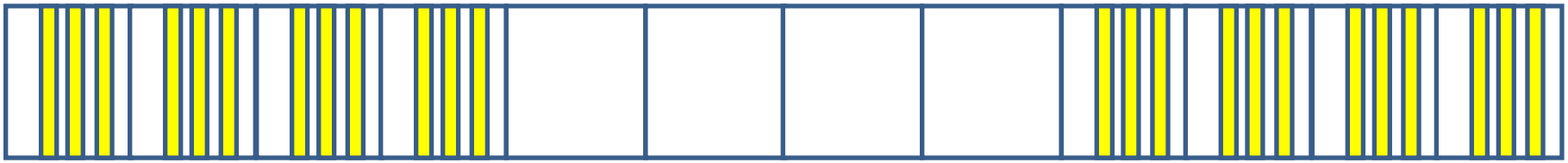


Model 1: Year-round weekly continuity clinic

Common model
Typically single half day weekly
Typically multiple simultaneous residents

Benefits:
Every Week Care
More Patients were Processed

Complaints:
Not patient schedule-friendly
Rotation schedule and Cross-Coverage Havoc
No time to get extra work of CC done if right back in to rotation.



Model 2: Every-Other *Month* blocks heavy (4/week) with continuity clinics

Uncommon model
4 CC/ clinic week for 4 weeks straight
2 simultaneous residents

Benefits:
CC weeks are focused on primarily that.
Less disruptive of schedule
Greater flexibility for patients to get preferred day of the week for f/u

Complaints:
Month-long rotations too long
Cross-cover havoc for meetings, vacations.
Tough to find short term followup if encounter the need to schedule it at the end of a CC block

Resident	9/9-22/12	9/23-10/6/12	10/7-20/12	10/21-11/3/12
	6	7	8	9
A)	Dermpath	Gen Derm	Gen Derm	Gen Derm
B)	Gen Derm	Gen Derm	Dermpath	Gen Derm
C)	CC	Hospital	CC	Day
D)	CC	MOHS	Hospital	Elective
E)	Elective	CC	Day	CC
F)	Hospital	Day	CC	CC
G)	Day	CC	CC	Hospital

General Derm Outpt Clinics	Hospital Consults	Day-Call: Same Day Access Resident	Continuity Clinics and Selectives	Mohs Surgery	Dermpath	Electives

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Selective	3rd Year Procedures 3rd Year	2nd Year Procedures 3rd Year 3rd Year	2nd Year 3rd Year	Selective
PM	2nd Year 3rd Year	Selective	2nd Year 3rd Year 3rd Year Telederm	Selective	Academic

Selective time may include (with permission from program director):

- Clinical niche development
- Additional dermatopathology training
- Additional procedural dermatology training
- Additional work with outpatient attendings
- Additional work with acute dermatology patients
- In-house electives
- Administrative time (patient care or education administration)
- Research time
- Chief resident administrative time

Keys to Successful Continuity Clinic Implementation

- Continuity is at the level of the individual resident, not “the residency.”
- If possible, dedicated appointment coordinator who can manage resident schedules
- Appoint the residents the same as one would a low FTE Clinician

Keys to Successful Continuity Clinic Implementation

- Individual patient continuity at the level of the resident AND clinician
  - Constant Plan Shift otherwise, if not good communication

Keys to Successful Continuity Clinic Implementation

- Implement in the 2nd year and 3rd year
  - But give the first years a taste after 3-6 months by letting them cross-cover resident continuity clinics when resident colleague is gone.

Keys to Successful Continuity Clinic Implementation

- Dedicated Attending Supervisor
  - no patients of his or her own simultaneously.
    - Delays care, resident visit efficiency.
    - You can staff 2 resident patients far quicker than you can staff 1 resident patient plus see your own patient
    - Offset dermatologist's production loss when possible by assigning additional resident(s) to balance, if needed

Keys to Successful Continuity Clinic Implementation

- Monitor Continuity Clinics for Becoming Hazardous Dumping Grounds
  - Monitor, set limits or define for faculty when a patient can get transferred to resident clinic

Keys to Successful Continuity Clinic Implementation

- Choose Supervising Faculty Wisely
  - Not every faculty member is an appropriate CC supervisor
  - Flexible disease manager
  - Holds resident accountable, but empowers
  - Formative feedback

Keys to Successful Continuity Clinic Implementation

- Don’t overschedule the residents
  - Often complex patients
  - Don’t forget that staffing has to take place and many times, attending is in a room staffing someone else
  - They aren’t likely as efficient as you are
  - They don’t start off knowing all the tricks of efficiency and systems-based practice

Keys to Successful Continuity Clinic Implementation

- Don’t think it is impossible to change how you currently have continuity clinics designed (or how you don’t have continuity clinics designed). It’s work, but almost certainly possible. Involve residents in the transition plan

Keys to Successful Continuity Clinic Implementation

- Remember, this is an educational program. Residents need your time and feedback to be competent. Minimally supervised volume-heavy resident continuity clinics are worrisome.