

No More Blocks

Four-Year Experience with a Fully Longitudinal Curriculum

Kaiser Permanente Washington Family Medicine Residency

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Disclosures

- We have no disclosures

Kaiser Permanente of Washington FMR at Seattle

Our Clinic First – First Principles

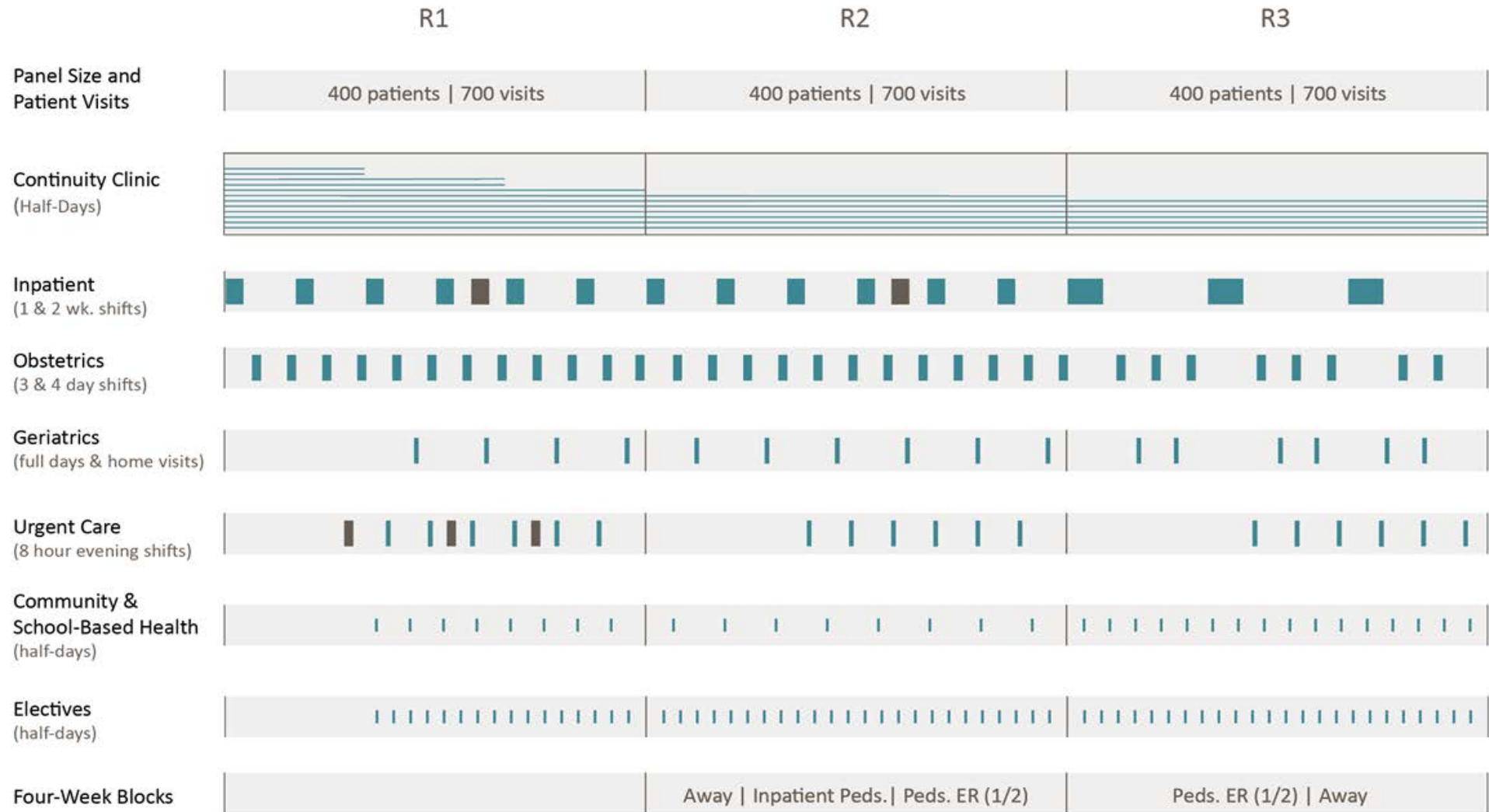
- **Advanced primary care best classroom**
- **Train like full-spectrum FP**
- **Continuity is the “Secret Sauce”**



STFM Annual Spring conference

Block 1 (6/20-7/24)	Block 2 (7/25-8/21)	Block 3 (8/22-9/18)	Block 4 (9/19-10/16)	Block 5 (10/17-11/13) Fall Retreat	Block 6 (11/14-12/11)	Block 7 (12/12-1/8) R2 Class retreat	Block 8 (1/9-2/5) R1 Class retreat	Block 9 (2/6-3/5) R3 Class retreat	Block 10 (3/6-4/2)	Block 11 (4/3-4/30) Spring Retreat	Block 12 (5/1-5/28)	Block 13 (5/29-6/25)			
MED	ER (V)	PED-UC / ORTHO (Madigan)	MED	OB	SURG (V)	MED	OB	OP (V)	IP (Children's)	OB	SURG (V)	FAM MED			
SURG (V)	OB	MED	ER (V)	OB	MED	SURG (V)	OB	IP (Children's)	OP (V)	PED-UC / ORTHO (Madigan)	MED	FAM MED			
PED-UC / ORTHO (Madigan)	MED	SURG (V)	OB	MED	OB	ER (V)	IP (Children's)	SURG (V)	MED	OP (V)	OB	FAM MED			
ER (V)	SURG (V)	MED	OB	PED-UC / ORTHO (Madigan)	MED	OB	SURG (V)	IP (Children's)	OB	MED	OP (V)	FAM MED			
MED	PED-UC / ORTHO (Madigan)	OB	MED	SURG (V)	OB	OP (V)	MED	OB	IP (Children's)	SURG (V)	ER (V)	FAM MED			
OB	MED	ER (V)	SURG (V)	MED	OP (V)	OB	IP (Children's)	MED	SURG (V)	PED-UC / ORTHO (Madigan)	OB	FAM MED			
OB 6/29-8/5		OB 8/6-9/16		OB 9/17-10/28		OB 10/29-12/9		OB 12/10-1/20		OB 1/21-3/3		OB 3/4-4/14		OB 4/15-5/26	
											OB	OB			
OB	AWAY	EAB	OP (NSH) / SCHER	ICU	MED	GYN / URO (V)	ORTHO (V)	PSY / CD (V)	ADD / SM / POD (V)	OB	PRACT MGMT	ELECTIVE (V)			
OB	MED	ORTHO (V)	EAB	ADD / SM / POD (V)	PSY / CD (V)	ELECTIVE (V)	ICU	OB	AWAY	OP (NSH) / SCHER	PRACT MGMT	GYN / URO (V)			
GYN / URO (V)	EAB	MED	AWAY	OB	ICU	ORTHO (V)	OB	OP (NSH) / SCHER	ELECTIVE (V)	PSY / CD (V)	PRACT MGMT	ADD / SM / POD (V)			
ORTHO (V)	OB	PSY / CD (V)	ADD / SM / POD (V)	MED	EAB	ELECTIVE (V)	OP (NSH) / SCHER	GYN / URO (V)	ICU	AWAY	PRACT MGMT	OB			
MED	ORTHO (V)	ICU	OB	EAB	OP (NSH) / SCHER	ADD / SM / POD (V)	PSY / CD (V)	AWAY	GYN / URO (V)	ELECTIVE (V)	PRACT MGMT	OB			
PSY / CD (V)	ADD / SM / POD (V)	OB	MED	GYN / URO (V)	SCHER / OP (NSH)	EAB	AWAY	ELECTIVE (V)	OB	ICU	PRACT MGMT	ORTHO (V)			
CM / OCC MED	CM / STD / OPHTH	SNF	PCC AWAY	MED	ELECTIVE (V)	GERI	OP (NSH) / SCHER	ELECTIVE (V)	NEURO	DERM	ALL / OTO	ELECTIVE (V)			
ELECTIVE (V)	MED	CM / OCC MED	CM / STD / OPHTH	SNF	PCC AWAY	DERM	ALL / OTO	NEURO	ELECTIVE (V)	SCHER / OP (NSH)	GERI	ELECTIVE (V)			
ELECTIVE (V)	NEURO	SCHER / OP (NSH)	MED	CM / OCC MED	CM / STD / OPHTH	SNF	PCC AWAY	DERM	GERI	ALL / OTO	ELECTIVE (V)	ELECTIVE (V)			
ALL / OTO	ELECTIVE (V)	MED	ELECTIVE (V)	PCC AWAY	NEURO	CM / OCC MED	CM / STD / OPHTH	SCHER / OP (NSH)	SNF	ELECTIVE (V)	DERM	GERI			
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MED	ELECTIVE (V)	PCC AWAY	SCHER / OP (NSH)	ALL / OTO	GERI	ELECTIVE (V)	SNF	ELECTIVE (V)	DERM	CM / OCC MED	CM / STD / OPHTH	NEURO			

STFM Annual Spring conference



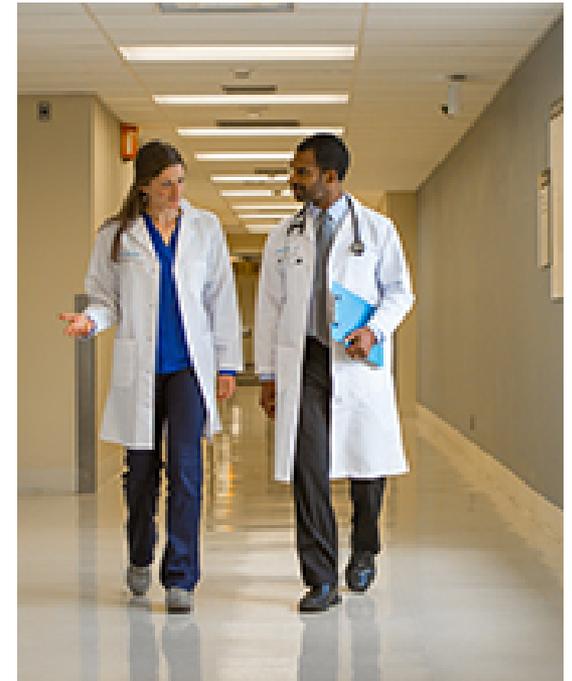
Outcomes

- **Residents are FPs**
 - **Learn like FPs**
 - **Know their panel**
 - **More confident and skilled in inpatient care**
 - **Think about wellness like a graduate**
 - **Experience continuity**



Agenda

- **Blocks vs longitudinal**
- **Empanelment**
- **Scheduling**
- **Outcomes**
- **Discussion**



What's a Block?

- 2-4 weeks
- 3-6 days per week focused on a specific learning area
- Often addresses an ACGME/RC defined curricular requirement
- Can vary in how regimented vs. fluid the educational experience is
- Most training programs consist of 39 blocks, with “split” blocks allowing for flexibility, particularly in the second and third years

Block Benefits

- Immersion in one type of learning
- Repetitive opportunities to develop, demonstrate, and document competency
- A sense of completion
- Generally predictable and manageable logistics

Block Detriments

- Long periods without continuity outpatient care
- Long gaps in opportunity to practice skills
- Learning from specialists instead of family docs
- Rotation-based burnout

Longitudinal Curricula

Our Goals at KPWA

- Start residents with a full continuity patient panel on day one
- Schedule residents so that they can provide appropriate access for their panel during every week of training
- Give residents the opportunity to practice core outpatient, inpatient, and obstetrical skills consistently throughout residency
- Strive for training that mirrors practice
- Establish residents' identities as family physicians early on, locating the core of their practice in the outpatient clinic
- Establish continuity care as a source of rejuvenation and wellness

Longitudinal in 2001

- 477 programs surveyed, 320 responded
- 3.6% “mostly longitudinal”
- 14.2% “half block/half longitudinal”

Carin E. Reust, MD, Longitudinal Residency Training: a Survey of Family Practice Programs, *Family Medicine*, 2001

Longitudinal in 2018

- 211 out of 566 programs surveyed; 27% “clinic first” and 68% want to be clinic first (Aaron Zeller, 2018 NIPPD Fellow)
- Focus on “X+Y” scheduling in internal medicine and family medicine clinic first collaborative
- Canada’s “Triple C” residency redesign initiative
- *Building Blocks for Providing Excellent Care and Training* from the Center for Excellence in Primary Care (UCSF)
- Rising implementation and interest in our region (WWAMI)

Empanelment

15

Empanelment means linking each patient to a primary care clinician and, ideally, to a stable team. The basis for patient-clinician continuity, empanelment is the substrate for the longitudinal therapeutic relationship essential for good primary care. Clinicians know their patient panel, and patients know who their primary care clinician is.

High-Functioning Primary Care Residency Clinics, AAMC, 2016

Our Panel Mechanics

- Panels transferred intact from graduating R3 to new R1
- Residents paired with the same MA and RN throughout residency
- 400 paneled patients on day one of residency
- 400 patients = .22 of a full-time provider's panel at KP Washington
- A .22 provider should have ~16 (15.7) appointment slots per week*

*This takes into account full-time provider absences for vacation, CME, and holidays.

Clinic Mechanics

R1	16 weeks	4 patients/half day	4 half-days/week
R1	20 weeks	5 patients/half day	3 half-days/week
R1	16 weeks	6 patients/half day	2-3 half-days/week
R2	52 weeks	7 patients/half day	2-3 half-days/week
R3	26 weeks	7 patients/half day	2-3 half-days/week
R3	26 weeks	8 patients/half day	2 half-days/week

All years include 2 phone visits per clinic half-day and continuous inbox coverage when not on hospital services.

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Scheduling

20

R1 Schedule: First 16 weeks of the year

M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su		
OB Days				Clinic			Clinic	SBHC	Clinic	Clinic	S			Clinic	SBHC	Medicine						D	Clinic	Clinic					
Clinic	SBHC	D	Sports Med	Adult UC			Clinic	SBHC	Clinic	D	Med	OB Nights			Post Call	Clinic	D	Med	Clinic			Clinic	SBHC	Clinic	Sports Med	S			
Clinic	SBHC	Medicine								D	Clinic	Clinic			Clinic	SBHC	Clinic	D	Electives					Clinic	Clinic	Clinic	S	Pediatric Urgent Care	
Clinic	Clinic	D	Clinic	Adult UC			OB Nights				Post Call			Clinic	Clinic	Medicine						D	Clinic	Clinic					

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M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	
OB Days				Clinic			Clinic	SBHC	S	Electives					Clinic	SBHC	Medicine							SNF	Clinic			
								Clinic	Clinic	D					Clinic	Clinic							D					
M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	
Clinic	SBHC	D	Sports Med	Adult UC			Clinic	SBHC	S	Sports Med	OB Nights			Post Call	SBHC	S	Sports Med	Clinic			Clinic	SBHC	S	Sports Med	S			
	Clinic							Clinic	Clinic	D					SBHC	D						Clinic	Clinic	D				
M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	
Clinic	SBHC	Medicine									SNF	Clinic			Clinic	SBHC	S	Electives					Clinic	S	S	S	Pediatric Urgent Care	
	Clinic									D					Clinic	Clinic	D					Clinic	Clinic	D				
M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	
Clinic	S	D	S	Adult UC			OB Nights				Post Call				Clinic	S	Medicine							SNF	Clinic			
	Clinic														Clinic	Clinic							D					

Outcomes

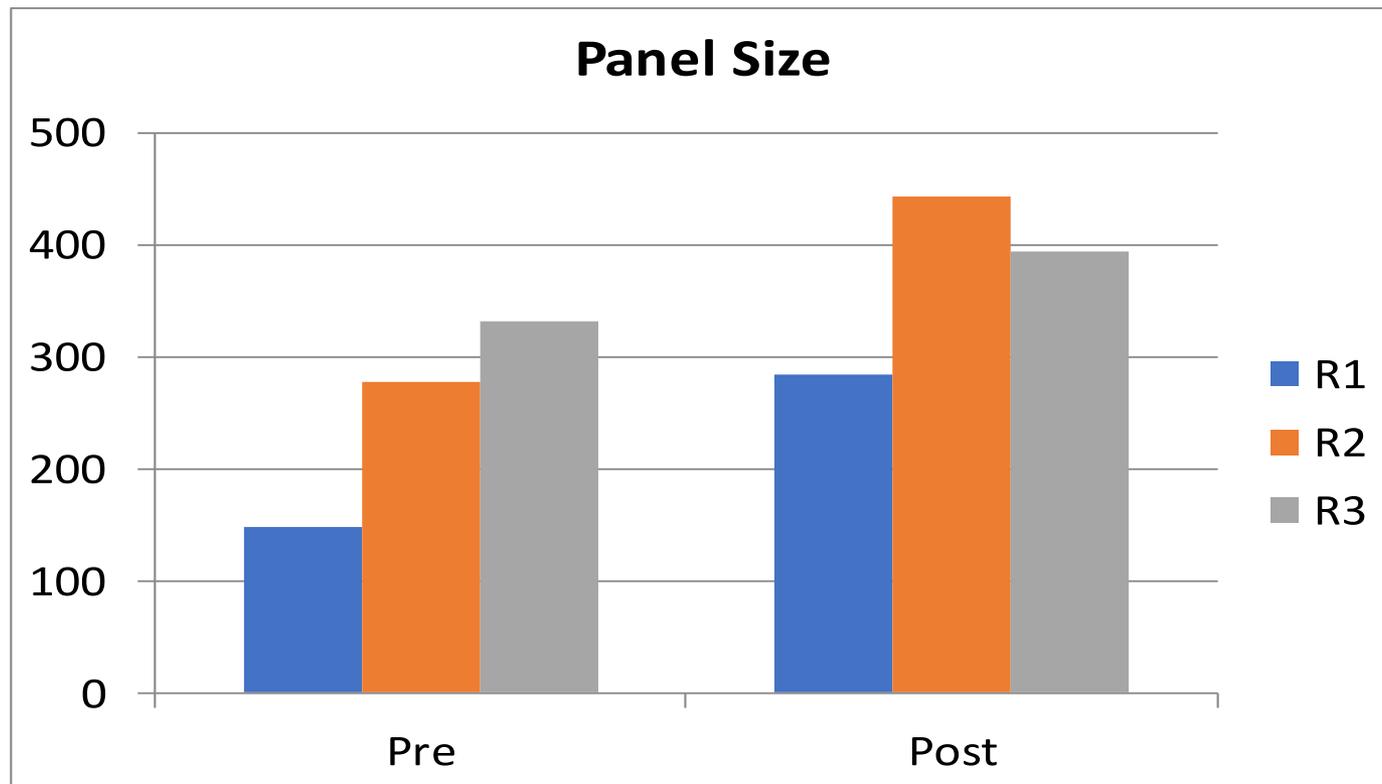
Outcomes

- Pre -> average of the three years prior to implementing longitudinal curriculum (2011–14)
- Post -> 2016-17 academic year

Panel Size

	R1	R2	R3
Pre	149	278	332
Post	285	443	395

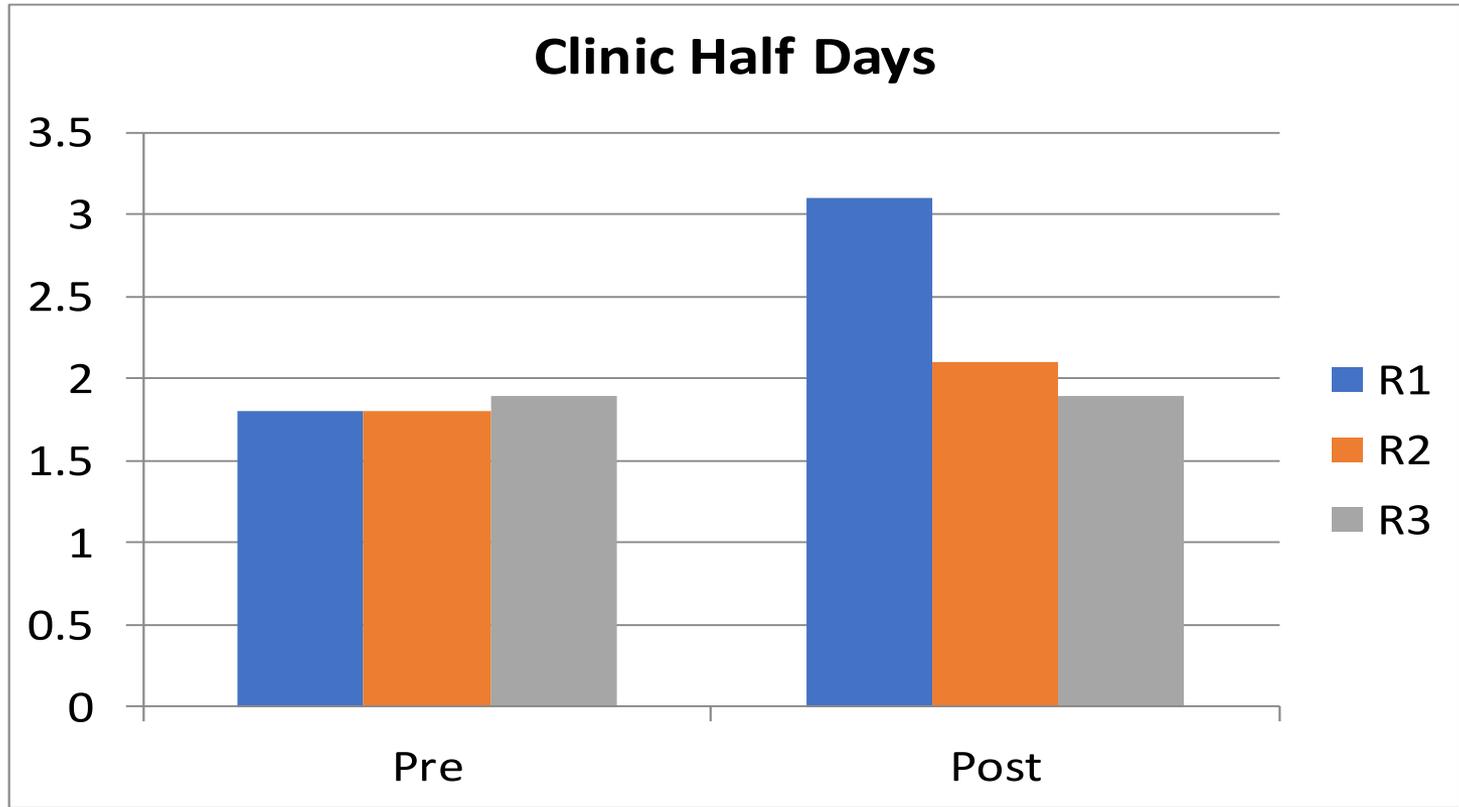
Panel Size



Clinic Half-Days Per Week

	R1	R2	R3
Pre	1.8	1.8	1.9
Post	3.1	2.1	1.9

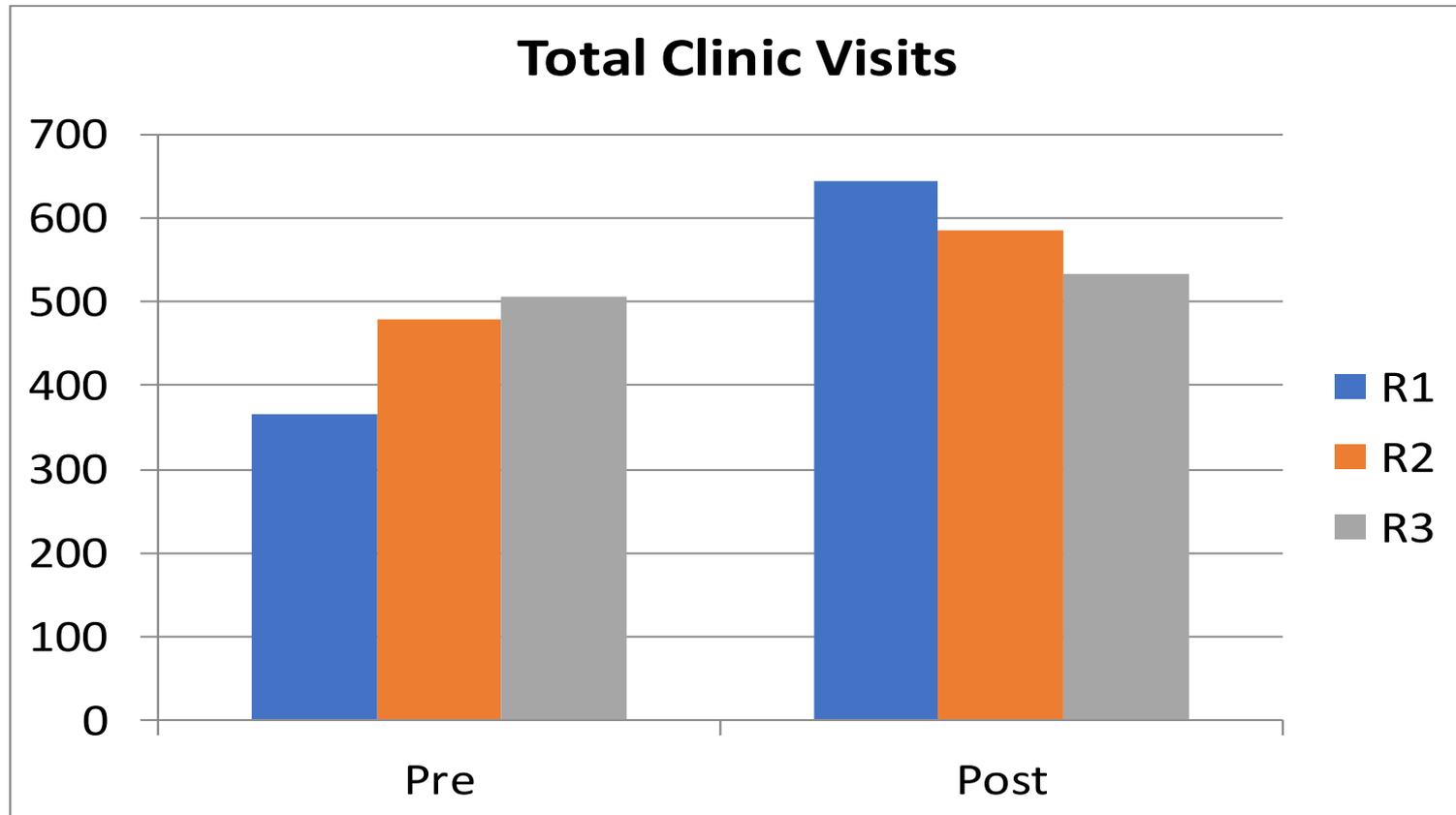
Clinic Half-Days Per Week



Total Patient Encounters

	R1	R2	R3
Pre	365	480	507
Post	644	586	534

Total Patient Encounters



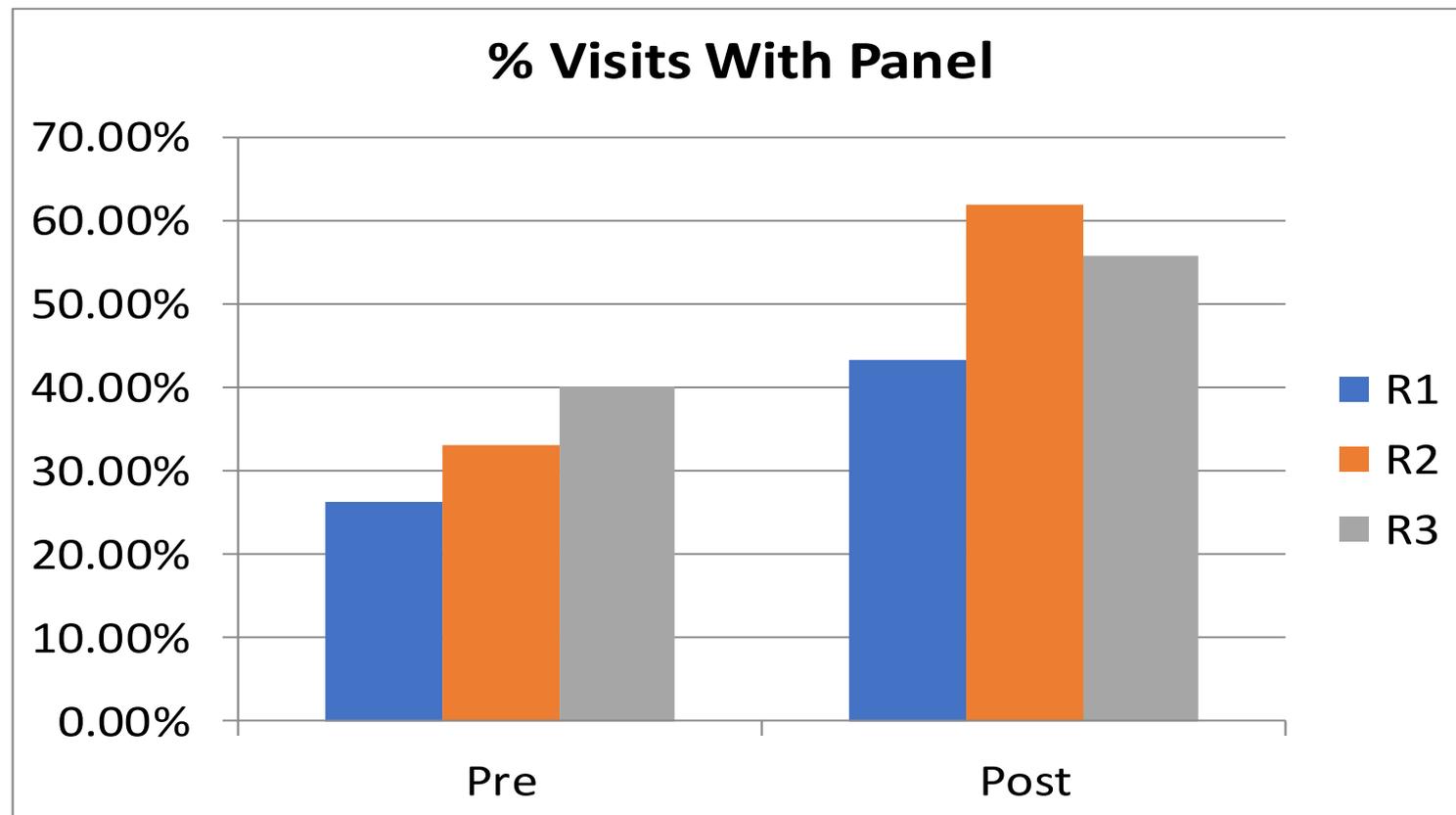
Encounters per Week

	R1	R2	R3
Pre	7	9.2	9.8
Post	12.2	11.1	10.1

Provider Continuity

	R1	R2	R3
Pre	26.2% (96)	33% (158)	40.2% (202)
Post	43.4% (279)	62% (363)	55.8% (298)

Provider Continuity



Patient Continuity

	R1	R2	R3
Pre	46.5%	42.8%	44.1%
Post	51.3%	45.3%	45.8%

Conclusions

- Longitudinal curriculum for all 3 years of FM residency is possible
 - Aims to make training look more like practice
- Empanelment necessary prerequisite
- We saw increases in ½ days in clinic, patient encounters, and provider continuity

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