

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

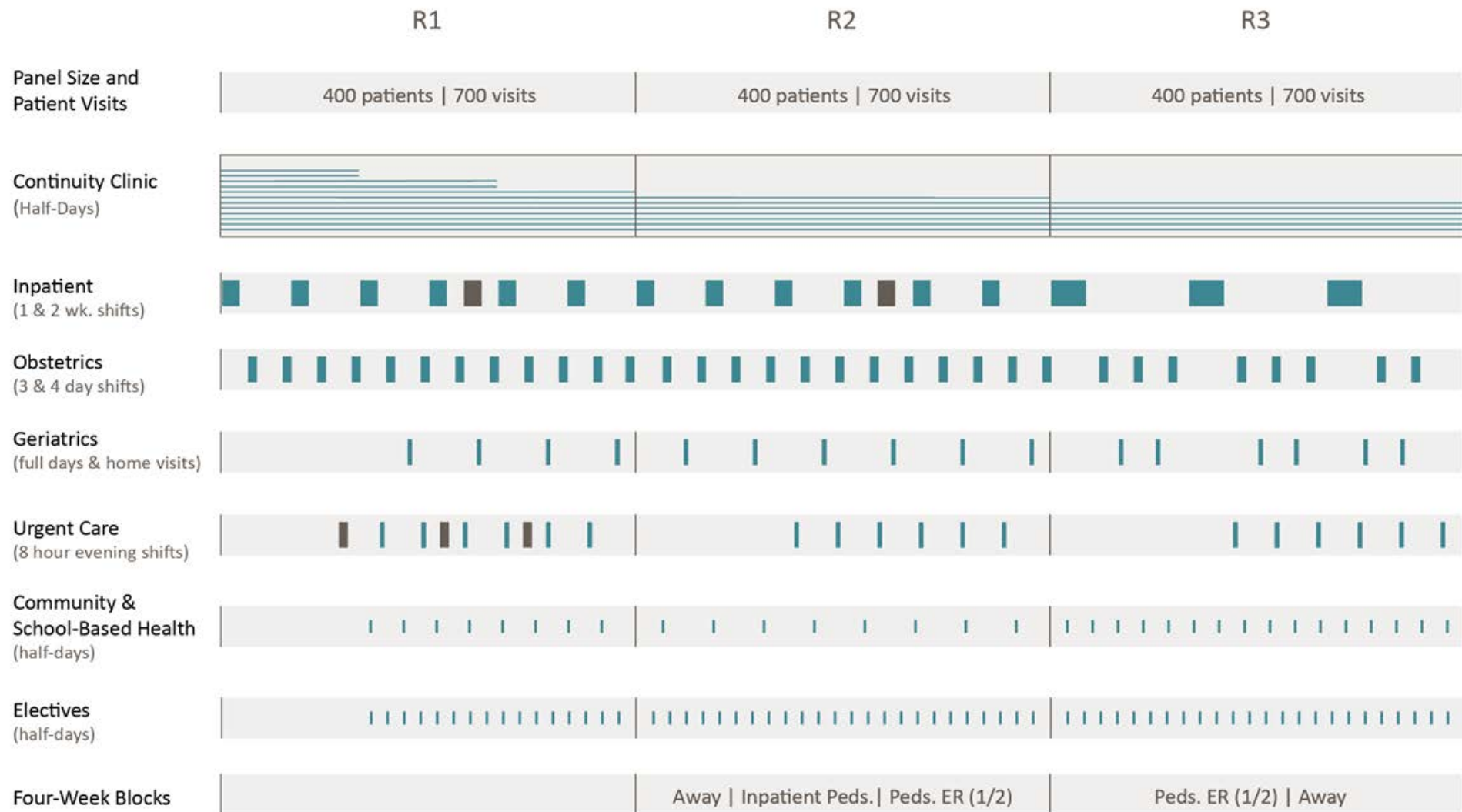
Our Clinic First – First Principles

- **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				
PCC AWAY	ELECTIVE (V)	SCHER / OP (NSH)	ALL / OTO	ELECTIVE (V)	MED	NEURO	GERI	CM / OCC MED	CM / STD / OPHTH	SNF	ELECTIVE (V)	DERM				
MED	ELECTIVE (V)	PCC AWAY	SCHER / OP (NSH)	ALL / OTO	GERI	ELECTIVE (V)	SNF	ELECTIVE (V)	DERM	CM / OCC MED	CM / STD / OPHTH	NEURO				



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

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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

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
OB Days				Clinic			Clinic	SBHC	Clinic	Clinic	S			Clinic	SBHC	Medicine				
								Clinic	D					Clinic	Clinic			Clinic	Clinic	

M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su
Clinic	SBHC		Sports	Adult			Clinic	SBHC	Clinic	Sports	OB Nights			Post	SBHC	Clinic	Sports	Clinic		
Clinic	Clinic	D	Med	UC			Clinic	Clinic	D	Med				Call	Clinic	D	Med			

M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su
Clinic	SBHC	Medicine								Clinic	Clinic			Clinic	SBHC	Clinic	Electives			
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	F	F	Sa	Su
Clinic	Clinic	D	Clinic	Adult UC			OB Nights				Post Call			Clinic	Clinic	Medicine								Clinic	Clinic		
																D											

R1 Schedule: Last 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
OB Days				Clinic			Clinic	SBHC	S	Electives				Clinic	SBHC	Medicine				
								Clinic						Clinic	Clinic					

M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su
Clinic	SBHC		Sports	Adult			Clinic	SBHC	S	Sports	OB Nights			Post	SBHC	S	Sports	Clinic		
	Clinic	D	Med	UC				Clinic		D	Med			Call	S	D	Med			

M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su
Clinic	SBHC	Medicine									Clinic			Clinic	SBHC	S	Electives			
	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
Clinic	S		S	Adult			OB Nights				Post			Clinic	S	Medicine				
	Clinic	D		UC							Call			Clinic	Clinic					

			R1							R2							R3							Swedish	
			A	B	C	D	E	F		A	B	C	D	E	F		A	B	C	D	E	F		Days	Nights
1	1	6.27.18																OBNw						B	
	2	7.4.18		PUC														obd	OBDw	obn	obd	OBNw	OBDw	B	
	3	7.11.18					PUC			obn	OBNw		obdB	OBDw											
	4	7.18.18				OBNw		PUC				OBNw	B	OBDw						obd			obn		
2	5	7.25.18	MED		obd	OBNw			MED				OBDw				MED	obn	B	OBNw	obd	obd	B		
	6	8.1.18		MED	obd	OBNw				MED			obn	OBNw			MED		OBDw		obd				
	7	8.8.18			MED	obd	OBNw			obn	MED				OBNw		obd	MED		B	OBDw	obn	OBDw		
	8	8.15.18		OBNw			MED	obd		OBNw		obd	MED				B	MED				obn	OBDw		
3	9	8.22.18	obd	OBNw			MED				OBDw			MED			A	obd	MED	OBNw	B	obn			
	10	8.29.18		obd	OBDw		MED					OBNw	obn	MED			A		MED	obd		B			
	11	9.5.18		MED			OBDw			MED	obd		OBNw	obn			A	B	obd		MED		B		
	12	9.12.18			MED	obn		OBNw			obd	MED		OBDw			obn	A			MED				
4	13	9.19.18			obn	MED		OBNw				MED			OBDw		B	A			MED		B		
	14	9.26.18		OBNw			MED			OBDw		obd	MED					A	B	MED	obn				
	15	10.3.18		obd	OBDw		obn	MED			OBNw	B		MED					A			MED			
	16	10.10.18			OBNw		obn		MED				B		MED		OBDw		A	obd		MED			
5	17	10.17.18	MED				PUC		obn	OBNw	SCH	MED	SCH					MED	A	B	OBDw	obd			
	18	10.24.18	obd	MED			OBDw				SCH	obn	SCH	MED			B		OBNw	A					
	19	10.31.18			MED		OBDw				SCH		SCH	obn	MED		MED	obd		A	B	OBNw			
	20	11.7.18		OBNw		obn	MED			MED	SCH	OBDw	SCH		obd		MED	B			A				
6	21	11.14.18			OBNw		obn	MN			obd	SCH		SCH	B						A			OBDw	
	22	11.21.18				PUC				B	OBNw	SCH	obd	SCH						obn	A				
	23	11.28.18		PUC		obd	OBDw				OBNw	SCH		SCH	MN				B		A	obn		OBNw	
	24	12.5.18		obn	PUC			OBDw		OBNw	B	SCH	MN	SCH			obd				A				
7	25	12.12.18			MN		obn	PUC		SCH	obd			OBNw	SCH		B					A		OBDw	
	26	12.19.18	OBDw			OBNw				SCH		MN		SCH					obd	obn	B	A			
	27	12.26.18		OBNw			PUC			SCH	MN			OBDw	SCH			obn		B	obd				
	28	1.2.18			OBDw		OBNw			SCH			obn	MN	SCH			B				obd			
8	29	1.9.18		MN			OBDw	obd			SCER	B			obn									OBNw	
	30	1.16.18								MN	SCER	OBNw	OBDw	obd	B		obn								
	31	1.23.18			obd														B	SCER	OBNw			OBDw	obn
	32	1.30.18	OBDw		obn	PUC		obd			OBDw	obn		MED	A				OBNw		SCER	B			
9	33	2.6.18		PUC			MED			OBDw			MED	A					MED		B	SCER		obd	OBNw
	34	2.13.18			PUC		obd	MED				OBDw	obn	A	MED			B	MED	OBNw		SCER			
	35	2.20.18		MED			MN				MED		B	A	obd		OBDw	SCER			MED		OBNw	obn	
	36	2.27.18			MED	obd	OBDw			MED	A	obn		A			B	SCER			MED	OBNw			
10	37	3.6.18			obd	MED			MN		A		MED	B	SCER				OBDw	MED			obn	OBNw	
	38	3.13.18		OBDw			MED		obd		A	MED			SCER				OBNw	obn	MED	B			
	39	3.20.18			MN			MED		SCER	A	A	obd	MED			OBNw		B			MED		OBDw	obn
	40	3.27.18				OBDw		MED	obn	MED	SCER				MED					B	OBNw	MED			
11	41	4.3.18		MED			PUC		obn		B	MED	A	OBNw			SCER	MED					obd	OBDw	
	42	4.10.18			MED		obn	PUC			MED	obd	A				SCER	MED	OBNw	OBDw		B			
	43	4.17.18				MED		PUC		obd	B		A	MED	OBNw				SCER		MED			OBDw	obn
	44	4.24.18		PUC		obd	MED		obn				MED	A				OBNw	B	SCER		MED	OBDw		
12	45	5.1.18		obn	OBDw			MED		A	MED		A	SCER					B		MED			obd	OBNw
	46	5.8.18			obn	OBNw		MED		A		obd		SCER	MED				OBDw		MED		B		
	47	5.15.18		MED			OBNw			A			MED	obn			B		MED		SCER			OBDw	obd
	48	5.22.18		obn	MED		OBNw			A	OBDw	MED		A				obd	MED	B	SCER				
13	49	5.29.18				MED		OBDw				obn	SCER	MED	A		MED	B					obd	OBNw	
	50	6.5.18		PUC		obn	MED			MED			SCER		A		MED		OBNw		OBDw	B		obd	
	51	6.12.18			OBDw			MED		obn	MED	SCER			A					OBNw	B	obd	MED		
	52	6.19.18			obn	PUC	obd		MED		B		SCER	MED	OBNw	OBDw									

Outcomes

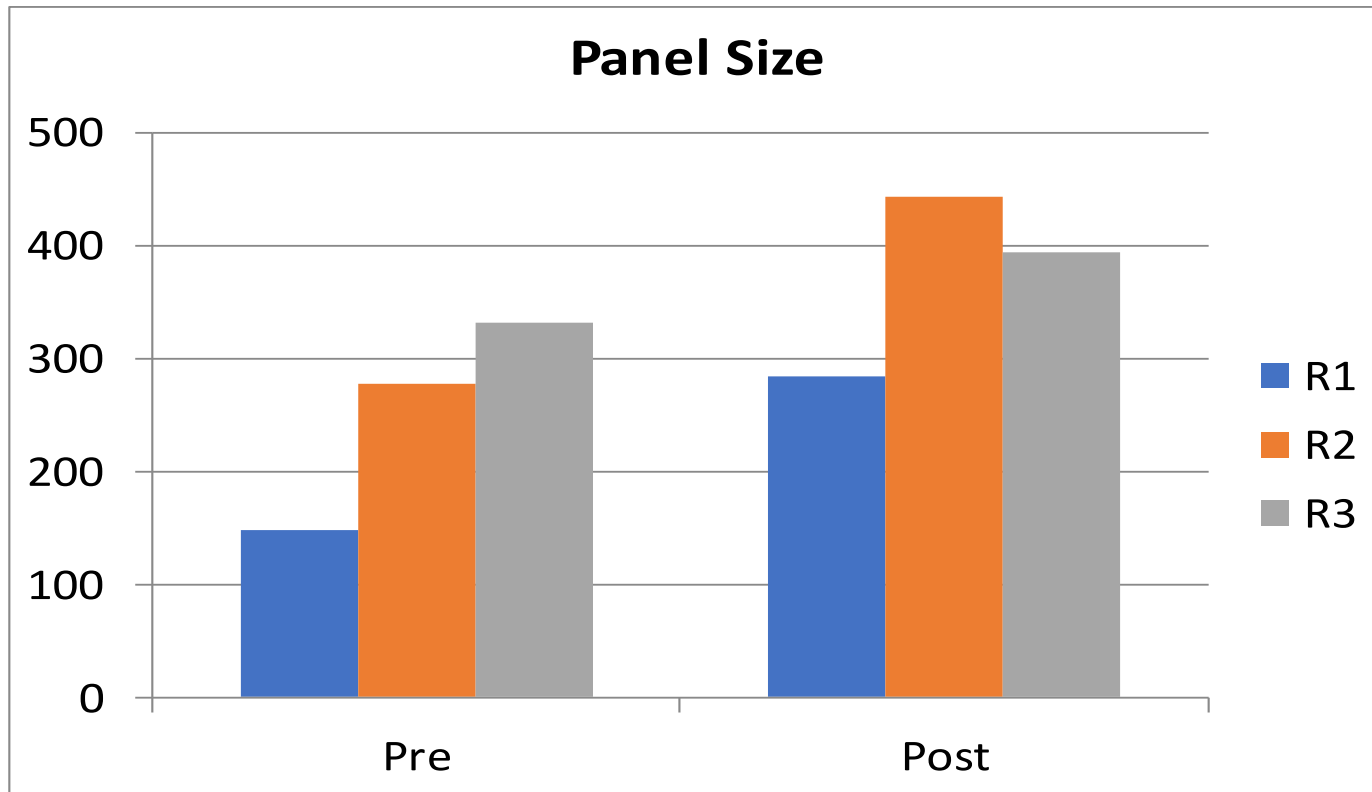
Outcomes

- 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

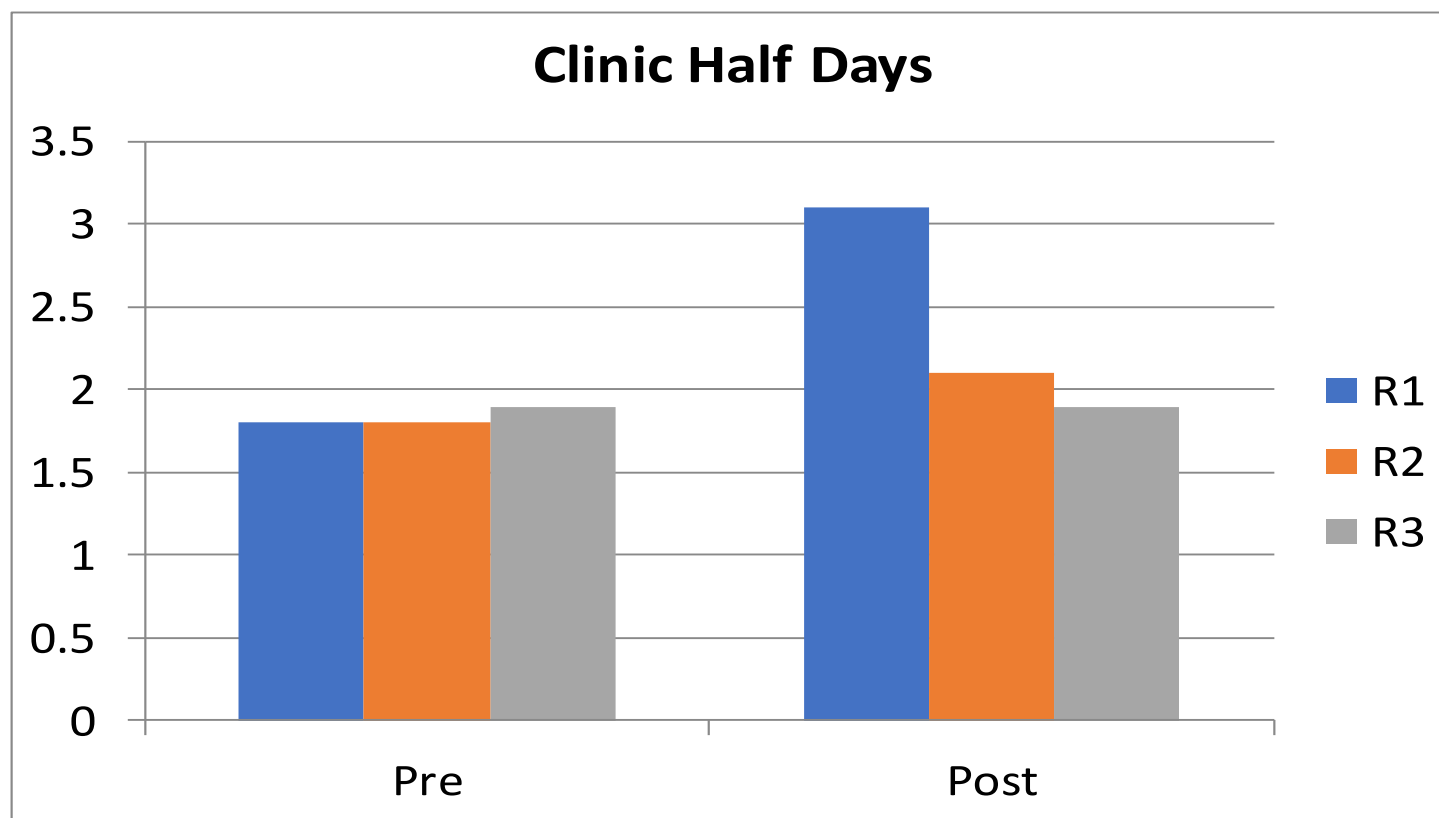
Panel Size



Clinic Half-Days Per Week

	R1	R2	R3
Pre	1.8	1.8	1.9
Post	3.1	2.1	1.9

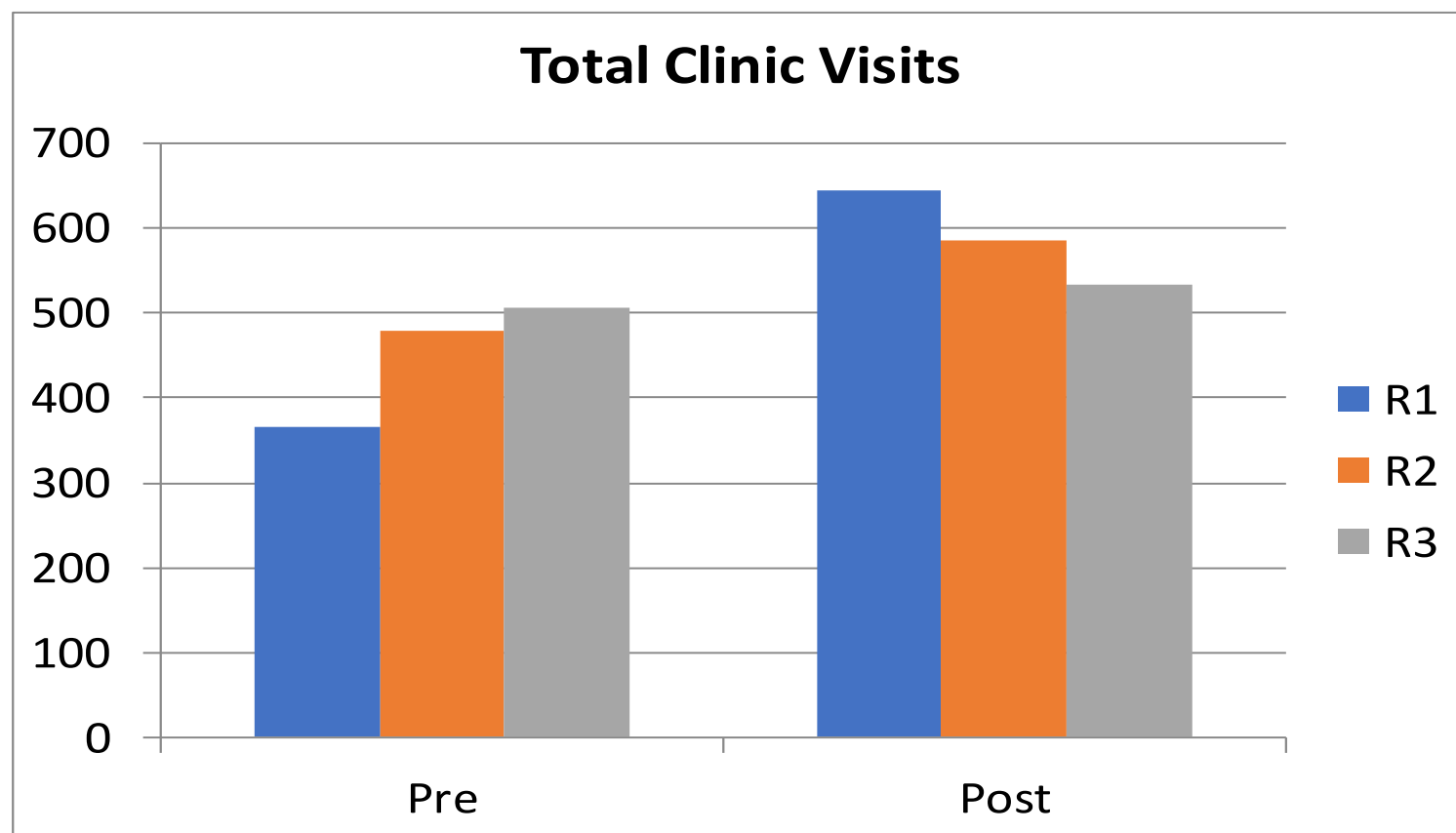
Clinic Half-Days Per Week



Total Patient Encounters

	R1	R2	R3
Pre	365	480	507
Post	644	586	534

Total Patient Encounters



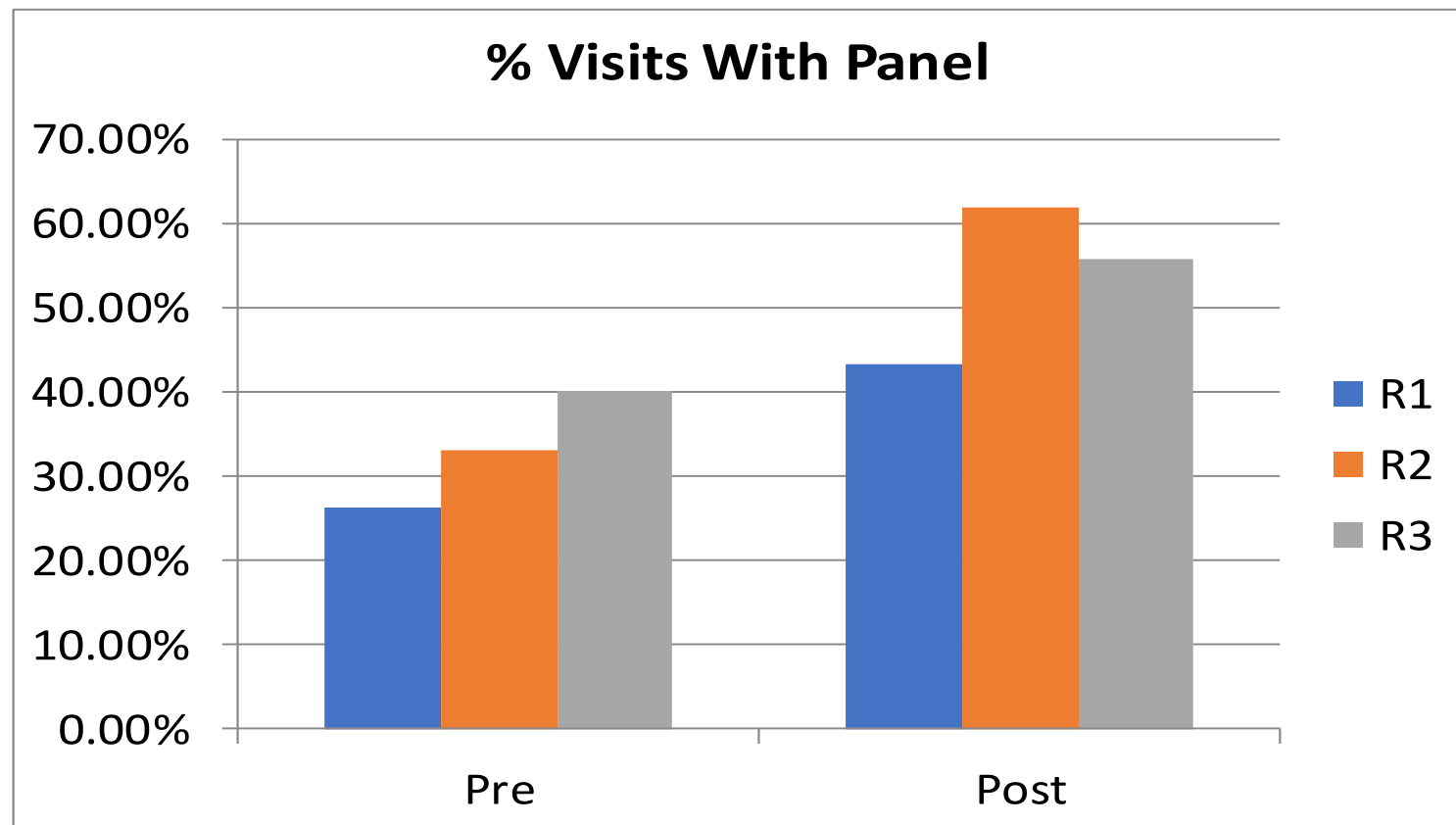
Encounters per Week

	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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