

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

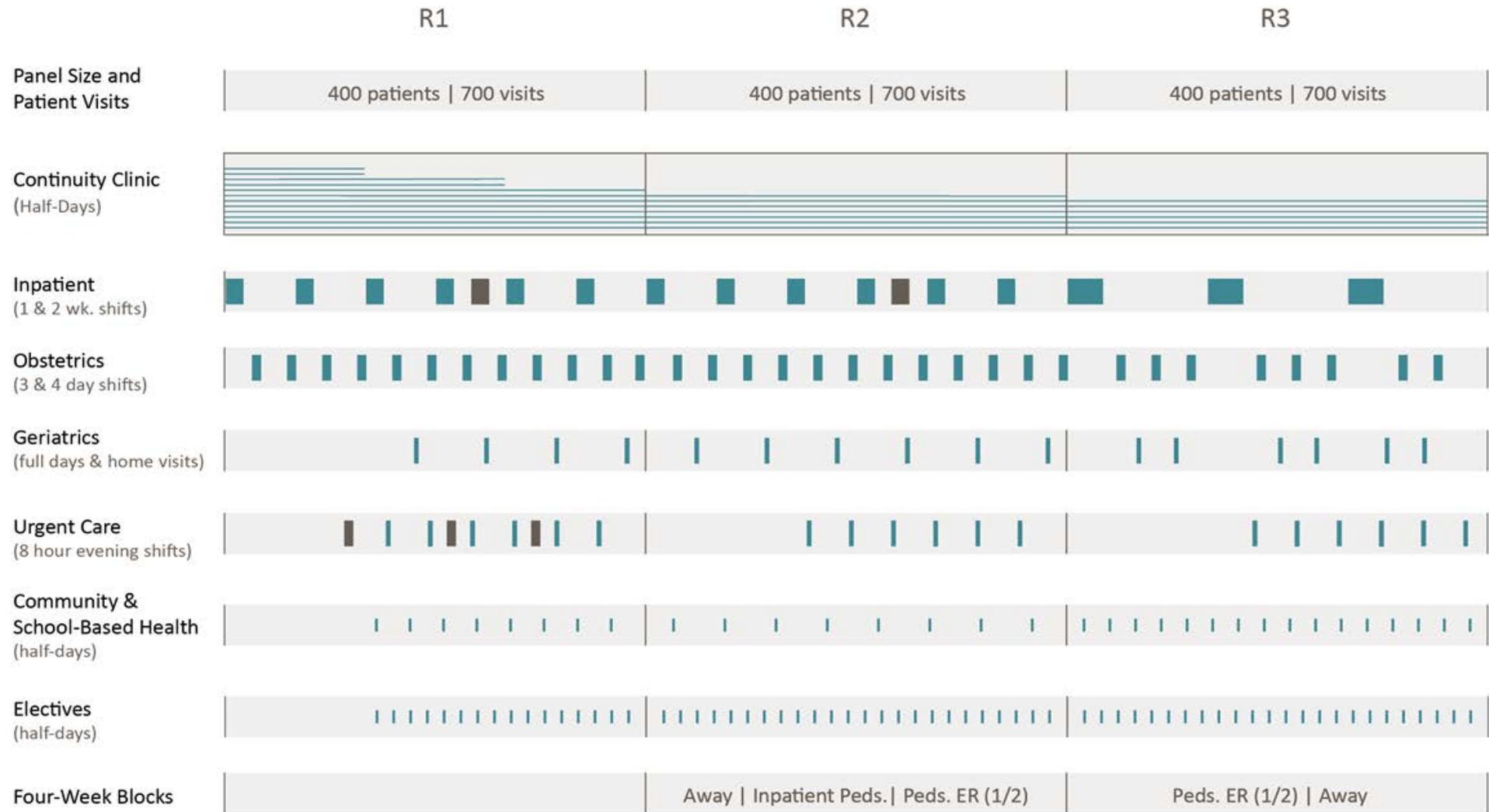
- **Advanced primary care best classroom**
- **Train like full-spectrum FP**
- **Continuity is the “Secret Sauce”**



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 | | | |

STFM Annual Spring conference



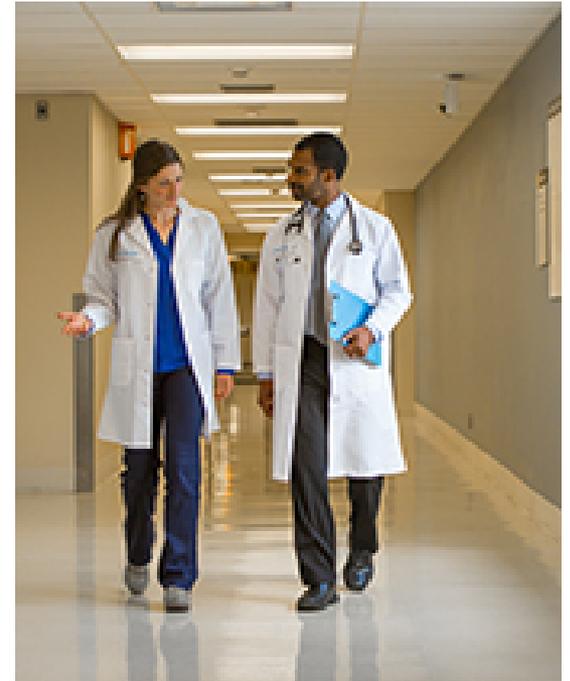
Outcomes

- **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

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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

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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 | | | | | |

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 | 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

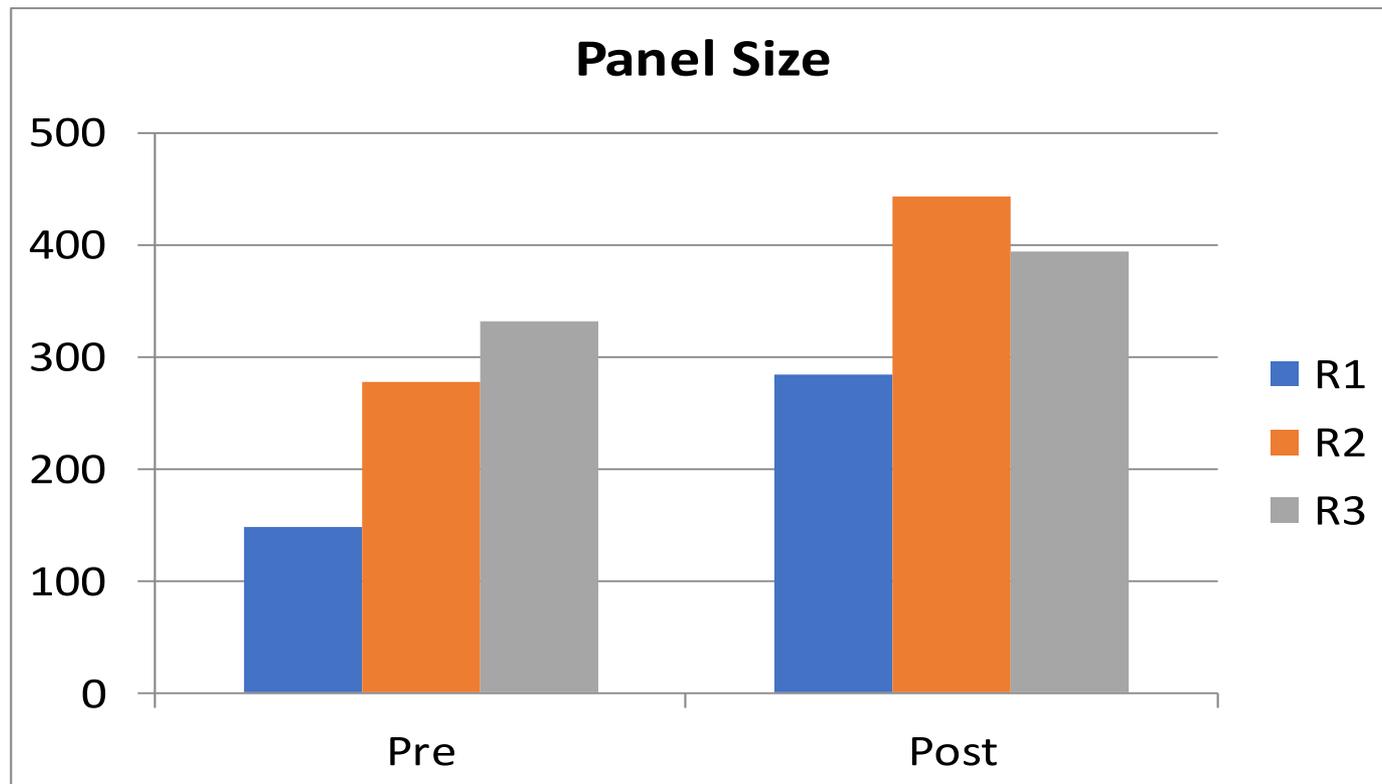
Outcomes

- 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 |

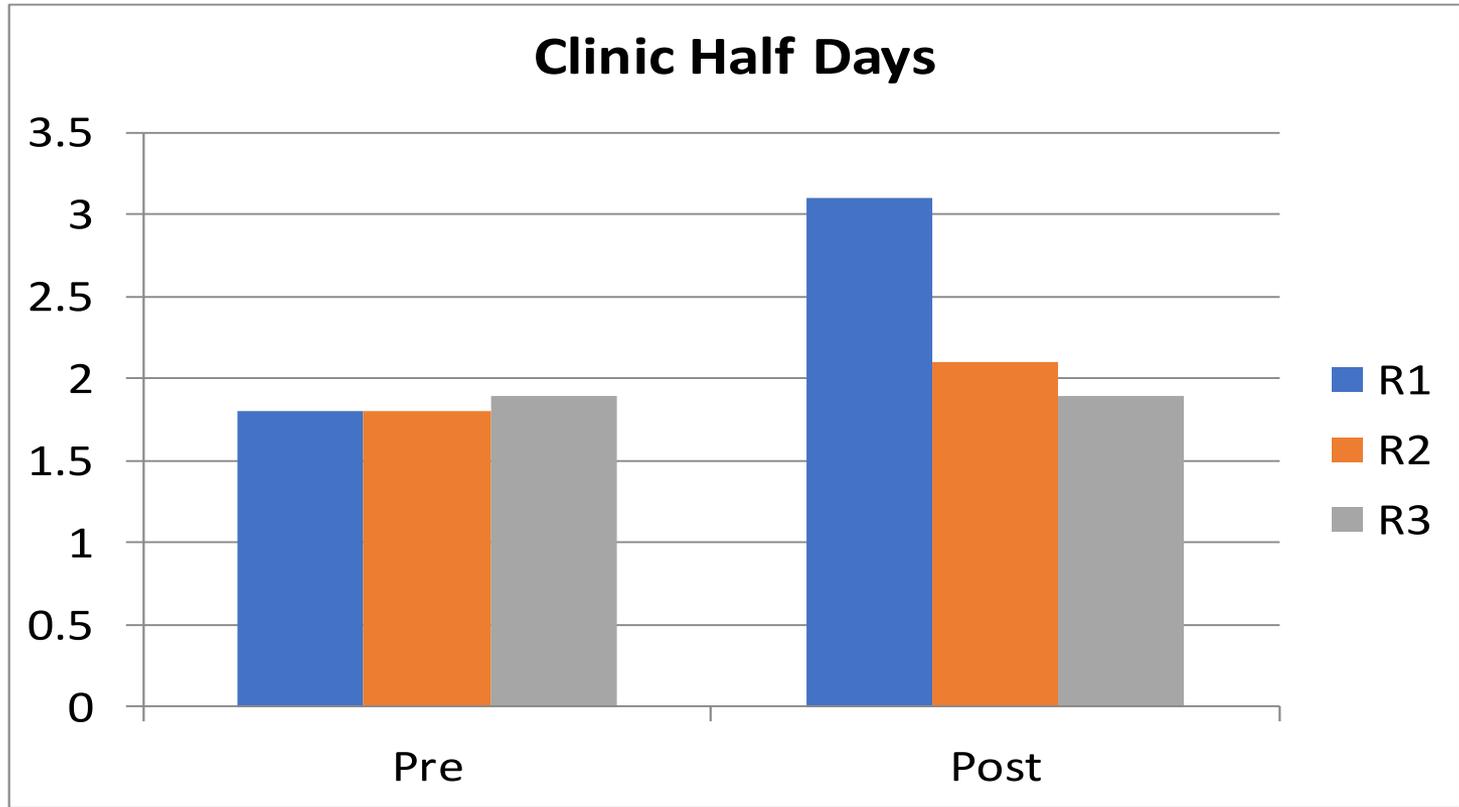
Panel Size



Clinic Half-Days Per Week

| | R1 | R2 | R3 |
|------|-----|-----|-----|
| Pre | 1.8 | 1.8 | 1.9 |
| Post | 3.1 | 2.1 | 1.9 |

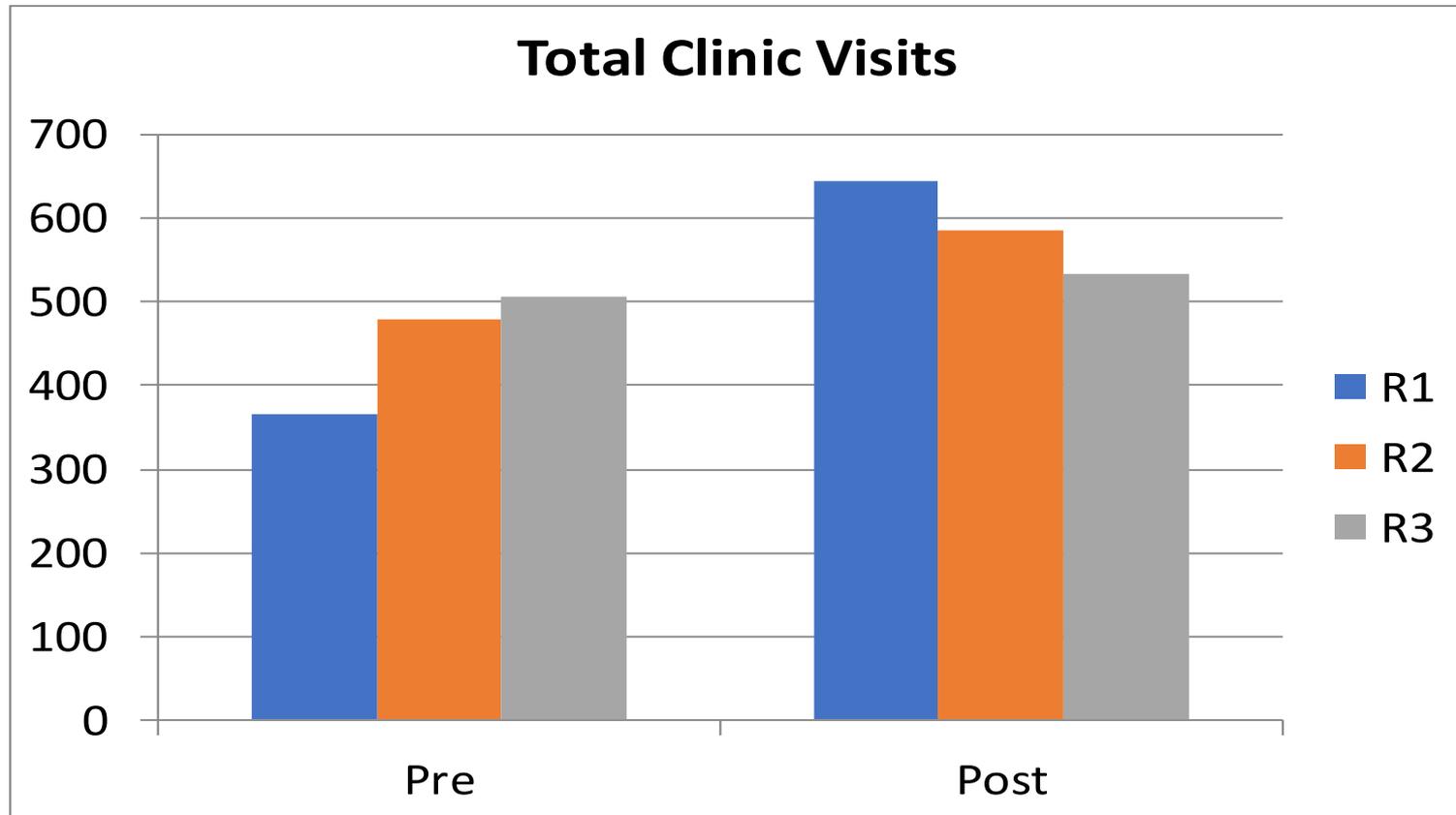
Clinic Half-Days Per Week



Total Patient Encounters

| | R1 | R2 | R3 |
|------|-----|-----|-----|
| Pre | 365 | 480 | 507 |
| Post | 644 | 586 | 534 |

Total Patient Encounters



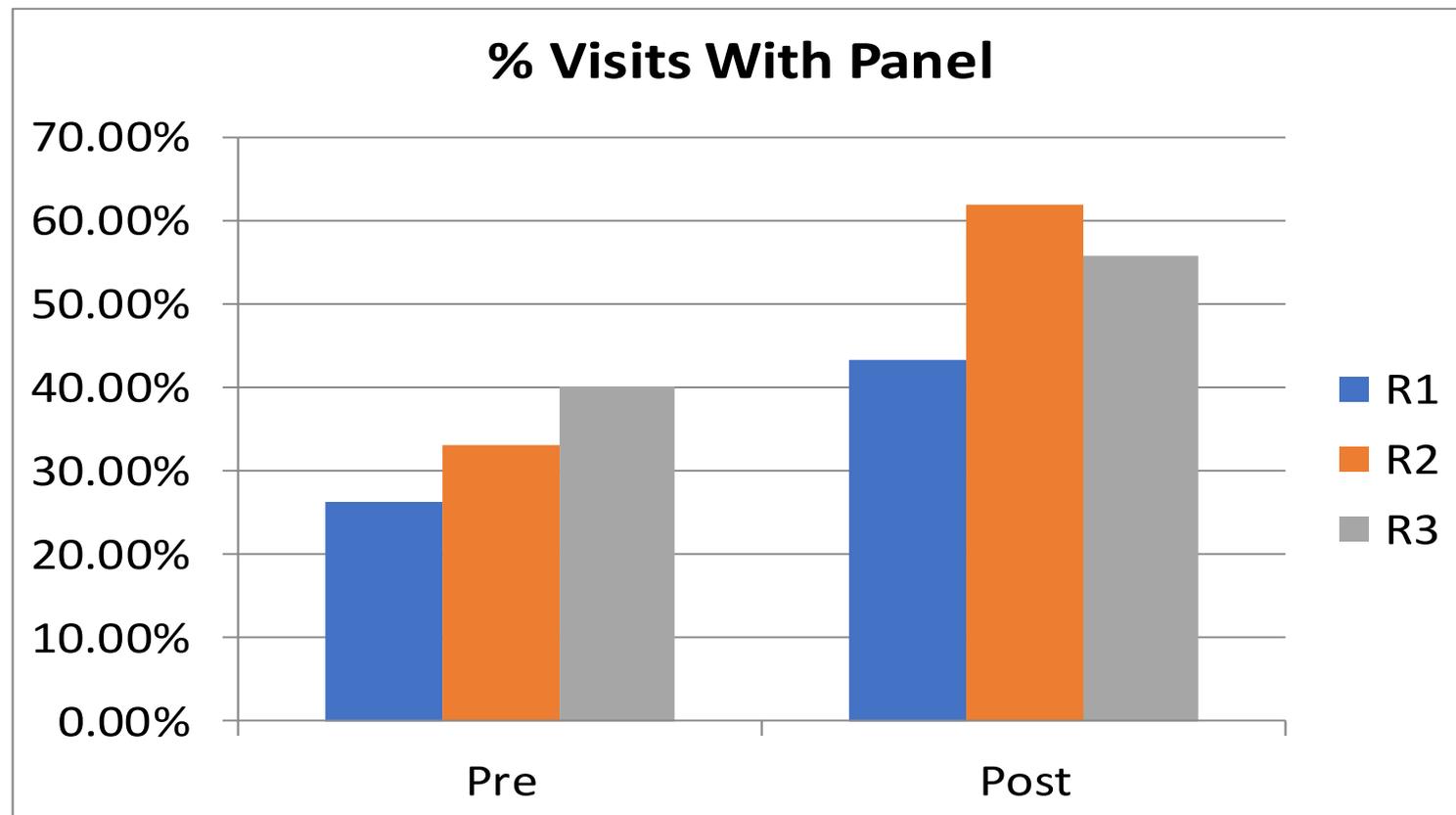
Encounters per Week

| | 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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