Med Peds and X + Y Schedules

The Good, the Bad, and the not-so Ugly
“We’re going to an X+Y Schedule, is that ok for Med Peds?”
Objectives

- Review reasoning behind X+Y
- Brief introduction and outcomes of X+Y
- Review clinic requirements for Med Peds (Like you don’t chant these in your sleep)
- Review individual program experiences with X+Y
- Answer your questions
Why X+Y?

- Multiple calls for re-design in medical education
Why X+Y

- The present state of ambulatory education
  - Disjointed
  - Conflicting
  - Problematic
  - Continuity
What is X+Y

- Series of core rotations alternated with 1 week ambulatory blocks
- Pattern of 4+1, 4+2, 6+2, etc
- Ambulatory weeks
  - Continuity clinic sessions
  - Didactics
  - Sub-specialty ambulatory experiences

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**Legend:**
- **AMB:** Arrhythmia Management Unit
- **H/O SLH:** History of Stroke
- **Neph SLH:** Nephrology Service
- **GI:** Gastroenterology
- **蓝:** Blue
- **紫:** Purple
- **粉:** Pink
- **橙:** Orange
- **紫橙:** Purple Orange
- **紫粉:** Purple Pink
- **紫蓝:** Purple Blue
- **紫红:** Purple Red
- **橙紫:** Orange Purple
- **橙粉:** Orange Pink
- **紫橙蓝:** Purple Orange Blue
- **紫粉橙:** Purple Pink Orange
- **紫橙粉:** Purple Orange Pink
- **紫红橙:** Purple Red Orange
- **红紫:** Red Purple
- **红粉:** Red Pink
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- **红粉紫橙:** Red Pink Purple Orange
- **红橙粉紫:** Red Orange Pink Purple
- **红紫粉橙:** Red Purple Pink Orange
- **红橙紫粉橙:** Red Orange Purple Pink Orange
- **红紫粉橙红:** Red Purple Pink Orange Red
Does your IM or Peds program have an X+Y scheduling system?

- 53 responses to survey
- 30 have X+Y at their institution in IM
- 2 have it in pediatrics

Does your Med-Peds program participate in following the X+Y scheduling system?

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Courtesy Anoop Agarwal, M.D.; MPPDA Annual Survey
What type of X+Y scheduling system does your Internal medicine program use?

- 3+1
- 4+1
- 4+2
- 4+4
- 5+1
- 6+2
- 8+2
- Other

Courtesy Anoop Agarwal, M.D.; MPPDA Annual Survey
Does X+Y make a difference?

- Residency ambulatory experience more reflective of outpatient practice
- Residents allowed to focus on outpatient education
- Improved access to care
- Improved schedule and pace for residents
- Felt ambulatory medicine could be an enjoyable career
- Faculty felt clinic improved in educational goals for ambulatory medicine

Regardless of whether your program is participating in the X+Y schedule, what kind of overall impact has the X+Y program had on the Med-Peds program?
Med Peds Clinic and X+Y

The devil is in the detail……not the core requirements
Labeled Requirements

- Core – All programs must adhere
- Outcome – All programs must adhere
- Detail – Programs with status of “Continued Accreditation” may innovate
Med Peds Clinic Requirements

- Weekly continuity clinic experience must begin at the onset of residency and be maintained throughout the four years of combined training. (Core)
- Residents must have a minimum of 36 half-day sessions per year. (Core)
- Continuity clinic experience must be obtained either by a weekly combined internal medicine-pediatrics continuity clinic or by alternating every other week between an internal medicine and a pediatrics continuity clinic. (Detail)
- The sessions must be scheduled over a minimum of 26 weeks per year. (Detail)
- Residents must see the following number of patient visits per year: (Detail)
  - 54 adult and 54 pediatric patient visits in the PGY-1; (Detail)
  - 72 adult and 72 pediatric patient visits in the PGY-2; (Detail)
  - 90 adult and 90 pediatric patient visits in the PGY-3; (Detail)
  - 90 adult and 90 pediatric patient visits in the PGY-4. (Detail)
How has X+Y impacted ability to meet Med-Peds continuity clinic requirements?

![Bar chart showing the impact of X+Y on Med-Peds continuity clinic requirements, with categories for ability to meet requirements for both the minimum number of continuity patients seen per year and the minimum number of continuity clinics attended per year.](chart.png)

Courtesy Anoop Agarwal, M.D.; MPPDA Annual Survey
Med Peds Program
Experiences with X+Y

Multiple Levels of Experience & Integration

Introduction to Program
General Review of Schedule
Barriers
Innovations & Advantages
Resident & Faculty Feedback
Advice
Loyola University Medical Center

- 16 residents
- Combined continuity clinic at single site
- Medicine – 30 categoricals per year, 3 CC sites
- Peds – 10 per year, shared CC site with us
Experience in X + Y

- X + Y = Medicine (4 + 1 strategy)
- IM started in 2011, we started in 2012
- Minor changes every year
The "+1" Week in 4 + 1

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### Barriers to MP in 4 + 1

- **Switch dates**
- **The Draft**

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6/10/22 - 7/7/22

<table>
<thead>
<tr>
<th>Rotation Group C</th>
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## Innovations / Advantages found in 4 + 1

- Specialty “+1” weeks

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<tr>
<th>ONC WEEK</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
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<tbody>
<tr>
<td>Morning</td>
<td>Med Peds</td>
<td>Dr. Barton</td>
<td>Dr. Robinson</td>
<td>CONTINUITY</td>
<td>Dr. Micetich</td>
<td>GOLDEN WEEKEND</td>
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<tr>
<td>Afternoon</td>
<td>PRIMARY CARE</td>
<td>Neuro</td>
<td>Breast</td>
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<td>GI</td>
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<th>TUESDAY</th>
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<th>FRIDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
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</thead>
<tbody>
<tr>
<td>Morning</td>
<td>Dr. Palmer</td>
<td>Dr. Cotler</td>
<td>Med Peds</td>
<td>CONTINUITY</td>
<td>FRIDAY SCHOOL</td>
<td>GOLDEN WEEKEND</td>
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<tr>
<td>Afternoon</td>
<td>Nutrition</td>
<td>Liver</td>
<td>Liver</td>
<td>CLINIC</td>
<td>GI</td>
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<th>MONDAY</th>
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<th>WEDNESDAY</th>
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</thead>
<tbody>
<tr>
<td>Morning</td>
<td>Dr. Khan</td>
<td>Dr. Palmer</td>
<td>Dr. Shah</td>
<td>FRIDAY SCHOOL</td>
<td>GI</td>
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<tr>
<td>Afternoon</td>
<td>General</td>
<td>Nutrition</td>
<td>General</td>
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</tbody>
</table>
Resident Feedback

- Firm identity is essential
- Clinic cancellations on service blocks
- Random consult weeks
- What about Peds 4 + 1??
Faculty Feedback

- IM PD – “thank you” for the weekly CC
- Primary Care MP faculty – outstanding!
- Access to Care faculty – outstanding!
- Continuity Clinic faculty – no real change
What I wish I had known/advice

- Balance Firm assignments
- From 12 months to 10 blocks
  - 8 months on IM becomes 5-6 full blocks
  - 4 months on IM becomes 3 full blocks (with planning)
General Information

- Accept 6 Residents/Year
  - Total 24 residents

- Rotation Schedule: Every 4 months in Gregorian Calendar
  - 13-Four Week Blocks
    - 4 IM → 5 Peds → 4 IM (Medicine Heavy)
    - 4 Peds → 5 IM → 4 Peds (Pediatric Heavy)
  - Last Friday in October at 5pm
  - Last Friday in February at 5pm

- Started 4 + 1 (Systole/Diastole) in July 2010
  - 4 weeks of Inpatient-like rotation
  - 1 Week of Ambulatory Sessions
    - Separate Med Peds Clinic 60% IM and 40% Peds
    - Goal of Minimum of 36 ½ day sessions/year
General Information

- Residents Divided into 5 firms
  - Color Coded
  - +1 during their Firm’s Color Week

### WEEK 1 BLUE FIRM CLINIC DATES

<table>
<thead>
<tr>
<th>Week</th>
<th>Clinic Dates</th>
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<tr>
<td>June 21st - June 26th</td>
<td>July 25th- July 31st</td>
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<tr>
<td>Nov 7th - Nov 13th</td>
<td>Dec. 12th- Dec. 20th</td>
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<tr>
<td>April 9th - April 17th</td>
<td>May 14th- May 20th</td>
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<td>August 29th –Sept 4th</td>
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<td>Jan 30th –February 5th</td>
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<td>Oct. 3rd –Oct 19th</td>
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<td>March 5th - March 11th</td>
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<td>xxxxxxxxxxxxxxxxxxxxxxxxx</td>
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</tbody>
</table>

- Medicine Department
  - Rotate in Clinic every 5th week

- Pediatric Department
  - Rotate in Clinic Weekly
  - Tuesday or Wednesday (minus on call, post call)
Advantages to MP 4+1

- Predictable Time in the Med Peds Clinic
  - Vacation is scheduled as part of systole

- Improved Continuity of Care
  - Patients scheduled every 5th weeks
  - Practice Partner Coverage in Med Peds Clinic
    - See patients in between visits
  - Adult Clinic Template Create for entire year
    - Dr. Apple-Orange
    - Instead of Dr. Apple and Dr. Orange
    - TCC Resident sees patient in between visits

- Focused Ambulatory Experience

- Dedicated Educational Half Day Sessions
  - Focus only on Ambulatory Medicine
Advantages to MP 4+1

- Simulate A “true” Clinic Practice with Practice Partner
  - Create Coverage
  - Sign out Complicated Patients

- Create Firm Quality Improvement Projects

- Create Transition of Care Research
  - PGY 1 & 2 Primary Care for Peds Heme/Onc Clinic
  - PGY 3 & 4 Primary Care for IM Heme/Onc Clinic

- Opportunity to Create Med-Peds-Focused Experiences
Innovations in 4+1

- Created Med Peds Specific Rotations
  - Transition of Care Sickle Cell Clinic
  - Transition of Care Hemophilia clinic
  - Adolescent clinic
  - Adult congenital heart Clinic

- Created Longitudinal Experiences in Subspecialty
  - 2 electives sessions per week
  - Fellowship
  - Research

- Created Dedicated Time for Outpatient Procedures
  - Procedure Clinic
How Does this Work?

- Clinical Interest Survey
  - End of each academic year

- Resident Pairing
  - IM: Peds Mirror Image
  - Based on additional Language Proficiency
  - Based on Subspecialty Interest

- 4th Year Med Peds Chiefs Organize Clinic Schedule
  - 4 Months in advance
# PGY-1 Orange Firm Template

<table>
<thead>
<tr>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THUR</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>1555 Poydras Street 8th Floor</td>
<td>Lord &amp; Taylor Clinic 3rd Floor</td>
<td>3308 Tulane Ave</td>
</tr>
<tr>
<td>Intern Monday School</td>
<td>Adult Continuity Clinic</td>
<td>Pulmonology Wetmore Clinic</td>
<td>Tulane Cancer Center Clinic 150 S. Liberty</td>
</tr>
<tr>
<td><strong>FACULTY</strong> Chief</td>
<td><strong>FACULTY</strong> Dennar Fotino IM Chief: Jacob</td>
<td><strong>FACULTY</strong> Klingsberg</td>
<td><strong>FACULTY</strong> Singleton</td>
</tr>
<tr>
<td>P.M.</td>
<td>Tulane Hospital Clinic 4th Floor</td>
<td>275 LaSalle Street Clinic</td>
<td>275 LaSalle Street Clinic</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Med Peds Continuity Clinic</td>
<td>Med Peds Continuity Clinic</td>
<td>Tulane Children Lakeside 4th Floor</td>
</tr>
<tr>
<td><strong>FACULTY</strong> Anwar</td>
<td><strong>FACULTY</strong> Debord Huntwork</td>
<td><strong>FACULTY</strong> Dennar MP Floater</td>
<td><strong>FACULTY</strong> Chavan</td>
</tr>
</tbody>
</table>
# PGY-3 Green Firm Template

<table>
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<tr>
<td>AM</td>
<td><strong>Algiers Urgent Care</strong> 3801 General DeGaulle Dr.</td>
<td><strong>Lord &amp; Taylor Clinic 3rd Floor</strong></td>
<td><strong>Tulane Cancer Center Clinic 150 S. Liberty</strong></td>
<td><strong>Tulane Hospital Clinic 7th Floor</strong></td>
</tr>
<tr>
<td></td>
<td>Adult &amp; Pediatrics Urgent Care</td>
<td>Adult Continuity Clinic</td>
<td>Sickle Cell Transitional Clinic</td>
<td>Allergy</td>
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<tr>
<td><strong>FACULTY</strong>  Hector Cabrera</td>
<td><strong>FACULTY</strong>  Dennar Fotino IM Chief: Nair</td>
<td><strong>FACULTY</strong>  Singleton</td>
<td><strong>FACULTY</strong>  Wild</td>
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<tr>
<td>P.M.</td>
<td>1555 Poydras Street 8th Floor</td>
<td>275 LaSalle Street Clinic</td>
<td>275 LaSalle Street Clinic</td>
<td>Ochsner Health 1315 Jefferson Hwy</td>
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<tr>
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<td>Monday School</td>
<td>Med Peds Continuity Clinic</td>
<td>Med Peds Continuity Clinic</td>
<td>Med Peds Adult Congenital Heart</td>
</tr>
<tr>
<td></td>
<td>Chief</td>
<td><strong>FACULTY</strong>  Debord Huntwork</td>
<td><strong>FACULTY</strong>  Dennar MP Floater</td>
<td><strong>FACULTY</strong>  Thomas Young Sangeetah Shah</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Wednesday</td>
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<tr>
<td>Rife (MP-1) P-M-P</td>
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<td>Bembro (MP-1) P-M-P</td>
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<td>Chiosi (MP-1) P-M-P</td>
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<td>Johnson (MP-2) M-P-M</td>
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<td>Okeke (MP-2) P-M-P</td>
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<tr>
<td>Baskind (MP-3) P-M-P</td>
<td>Mascias (MP-3) M-P-M</td>
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<td>Parks (MP-3) M-P-M</td>
<td>Watkins (MP-3) M-P-M</td>
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<td>Kozycki (MP-3) P-M-P</td>
<td>Reynaud (MP-3) M-P-M</td>
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<tr>
<td>Doose (MP-4) P-M-P</td>
<td>Lau (MP-3) P-M-P</td>
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<tr>
<td>Alexander Wells (MP-4) P-M-P</td>
<td>Ogitani (MP-4) M-P-M</td>
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<td>Siegel (MP-4) M-P-M</td>
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<td>Dennar</td>
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<td>Huntwork</td>
<td>Niyogi or Gugel</td>
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<td>Chief Kalelkar (MP-4) M-P-M</td>
<td>Chief: Bowles P-M-P</td>
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Barriers to MP in 4 + 1

- Understanding of Care Team
  - Continuity of Care
  - Work in Progress
- Limitation of Space While on Peds
  - Limited to 2 days for MP
  - Exam Rooms
- Availability of Faculty & By-In
  - Subspecialty Clinics Longitudinal Care
- Training Clinic Scheduling Staff
- Creating Unique Experiences
  - For the Individual
General Feedback

- Residents
  - Like being able to create a unique experience

- Faculty
  - Not as easy to get to know the residents

- Staff
  - Hard for new staff to grasp the firm system
Advice

- Seek Advice
  - Others who have done it

- Reassess every prior to every switch
  - House staff meetings
  - Surveys

- Don’t be afraid to make mistakes
  - Change plans as needed

- Meet with leadership of both departments regularly
  - Schedule bi-annual meetings
Sara E. Gardner, M.D.
segardner@cmh.edu
Basic Program Information

- 24 residents
- Single, combined clinic
- 12 month internship – rotate every 3 months
Experience in X+Y

- IM program is 4+1
- 2 years experience
- 1 revision
Med Peds Schedule in X+Y

- Med Peds
  - First Draft
    - Hybrid 4+1 for “busy” rotations (wards/ICU)
    - Weekly clinic during less demanding times – electives
  - Second (current) Draft
    - Standard 4-1-4-1-2 while on IM
Barriers to Med Peds in X+Y

- Limited space in sub-specialty clinics for combined residents
- Physical space limitations
- Administrative burden
- Eliminated pre-clinic didactics
- Transition of faculty time in clinic
## Clinic Schedule

### June

<table>
<thead>
<tr>
<th>Mon</th>
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**Notes:**
- AM Clinic with Rogers: 8:00 AM, 1st Floor, Cardiology, Conference Room
- PM Clinic: 8:00 AM, 1st Floor, Cardiology, Conference Room
- Clinic with Lambricht: 8:00 AM, 1st Floor, Cardiology, Conference Room
- Clinic with Lambrecht: 8:00 AM, 1st Floor, Cardiology, Conference Room
- Clinic with Lambrecht: 8:00 AM, 1st Floor, Cardiology, Conference Room
- Clinic with Lambrecht: 8:00 AM, 1st Floor, Cardiology, Conference Room
- Clinic with Lambrecht: 8:00 AM, 1st Floor, Cardiology, Conference Room
- Clinic with Lambrecht: 8:00 AM, 1st Floor, Cardiology, Conference Room
- Clinic with Lambrecht: 8:00 AM, 1st Floor, Cardiology, Conference Room
- Clinic with Lambrecht: 8:00 AM, 1st Floor, Cardiology, Conference Room

**Special Dates:**
- Updated 3/1/16

**locations:**
- CMH East
- CMH West
- CMH Midwest
- CMH Suburban
- CMH North
- CMH South

**departments:**
- Cardiology
- Cardiology
- Cardiology
- Cardiology
- Cardiology
- Cardiology
- Cardiology
- Cardiology
- Cardiology
- Cardiology

**specialties:**
- Cardiology
- Cardiology
- Cardiology
- Cardiology
- Cardiology
- Cardiology
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- Cardiology
- Cardiology
- Cardiology

**contact:**
- CMH Schedule Office
- CMH Schedule Office
- CMH Schedule Office
- CMH Schedule Office
- CMH Schedule Office
- CMH Schedule Office
- CMH Schedule Office
- CMH Schedule Office
- CMH Schedule Office
- CMH Schedule Office

**locations:**
- CMH East
- CMH West
- CMH Midwest
- CMH Suburban
- CMH North
- CMH South

**departments:**
- Cardiology
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- Cardiology

**specialties:**
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**contact:**
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- CMH Schedule Office
Innovations & Advantages

- Expanded clinical elective/experiences during the +1 week
  - Transition clinic, International travel clinic, Adoption clinic, Wound clinic, Outpatient rehab, Sports medicine, ADHD, Allergy/Immunology, etc.
- Transitioned adolescent month to longitudinal experience
  - At least 2 sessions of Adolescent medicine during “+1” weeks
- Established once-monthly Med-Peds didactics
- Incorporate QI curriculum
## Ambulatory Week Schedule

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<th>AM</th>
<th>PM</th>
<th>Notes</th>
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<td>QI</td>
<td>M/P Clinic</td>
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<tr>
<td>6/2/15</td>
<td>M/P Clinic</td>
<td>MP Clinic</td>
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<tr>
<td>6/3/15</td>
<td>Ready Set Grow Clinic</td>
<td>M/P Clinic</td>
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<tr>
<td></td>
<td>8am</td>
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<tr>
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<td>CMH Broadway, Purple Clinic</td>
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<tr>
<td>6/4/15</td>
<td>Independent Study</td>
<td>Teen Clinic</td>
<td>Please turn in completed module to Brie</td>
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<td>Failure to Thrive Modules</td>
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<tr>
<td>6/5/15</td>
<td>Teen Clinic</td>
<td>M/P Clinic</td>
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</tbody>
</table>

- At least 5 half-days of Med Peds Continuity Clinic
- Themed “specialty clinic” aligns with self-study
- Longitudinal adolescent experience
- Quality Improvement Time
- Diverse experience tailored to meet resident’s needs (research, specific specialty, etc.)
Resident Feedback

- "Rotator" mentality
- Work-Life balance of "+1" week
  - No call
  - Golden weekend
- Peer support concerns
- Maintained continuity with patients
Faculty Feedback

- Internal medicine feedback highly favorable – love that the residents are never leaving service
- Med Peds
  - Unpredictable clinic schedule
  - Missing working with core group of residents
  - Enjoy getting to all of the residents
Advice

- Prepare for the scheduling – it’s a Med Peds thing....
- Look at the capacity of your clinic spaces
- Be flexible
- Resident input
- This is a week in the curriculum YOU own – be empowered by this.
Robert H. Hopkins, Jr, M.D.
HopkinsRobertH@uams.edu

Alice Alexander, M.D.
AlexanderAliceP@uams.edu
• 19 residents
• Clinics shared with categorical residents
• \( \frac{1}{2} \) of the 60 IM residents and all Med-Peds residents have IM clinic on campus at UAMS
• All 74 peds residents and all Med-Peds residents have Peds clinic on campus at Arkansas Children’s hospital (2 miles down the road)
When IM went to X+Y...

- IM adopted X+Y (3+1) in 2013-2014 for PGY2s and 3s; IM PGY1s are on month-long blocks
- Peds remains on month-long blocks for all residents
- Our (M-P) decision to change: 2015-2016
Our “beta” version

- All M-P PGY2s, 3s, and 4s do six “ambulatory weeks” per year
- Ambulatory weeks are scheduled during elective rotations
- 4 Peds clinic sessions, 4 IM clinic sessions, 2 didactic sessions in an ambulatory week
Barriers to MP in X+Y

- Figuring out where to put those ambulatory weeks, particularly on month-long Peds rotations
- Minimum # of days on a rotation to “count”
- Maintaining clinic continuity (with patients and with preceptors)
- Categorical program perceptions
Innovations / Advantages found in X+Y

- Separation of inpatient/outpatient improves both experiences
- No clinic cancellations for Med-Peds residents helps provide better continuity/access for patients
- M-P residents at last get dedicated didactic time for QI curriculum, high value care curriculum, billing, IM topics
- More integration with IM QI project initiation and tracking system
- Regular face-to-face educational time with residents during ambulatory week gives an additional opportunity to connect with residents when they’re not immediately involved in patient care
Resident Feedback

- Sometimes confused about the schedule
- Lack of continuity with clinic preceptors
- Appreciate dedicated educational half-days
- Ambulatory week is less of a “break” than it is for IM residents since there isn’t self-directed time
Faculty Feedback

- Sometimes confused about the schedule
- Lack of continuity with clinic preceptors
- Residents not taking as much responsibility for continuity, desktops, etc. when not in clinic weekly – the “but I’m at Children’s!” phenomenon
This is complicated!

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<td>Summary</td>
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<td>Bransford</td>
<td>Bixey</td>
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<td>Walters</td>
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<td>mostly B</td>
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<td>1-Jul A</td>
<td>IM-GMC</td>
<td>P-Nephro</td>
<td>P-GPC</td>
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<tr>
<td>6-Jul B</td>
<td>IM-GMC</td>
<td>P-Nephro-A</td>
<td>P-GPC-B</td>
<td>IM-GMC</td>
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<td>20-Jul D</td>
<td>IM-GMC</td>
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<td>P-Nephro</td>
<td>P-GPC</td>
<td>IM-GCex</td>
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<td>27-Jul A</td>
<td>IM-Sleep-B</td>
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<td>3-Aug B</td>
<td>Waldron-A, Lucas-B, Walters-EX</td>
<td>IM-Sleep</td>
<td>Extra IM Wards</td>
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<td>P-H/O+A</td>
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<td>10-Aug C</td>
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<td>P-H/O</td>
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<td>24-Aug A</td>
<td>Patel-A, Enuganti-B</td>
<td>IM-Pulm</td>
<td>IM-Sleep</td>
<td>IM-Rheum</td>
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<td>7-Sep C</td>
<td>Bixey-A, Davis-B, Philamlee-EX</td>
<td>IM-Pulm</td>
<td>IM-Pulm</td>
<td>P-Sports-A</td>
<td>P-GI</td>
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<td>IM-Pulm</td>
<td>P-GPC</td>
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<td>14-Sep D</td>
<td>Bernard-A</td>
<td>IM-Pulm-A</td>
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<td>P-Sports</td>
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<td>P-GPC</td>
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<td>18-Jan B</td>
<td>Bixey-A, Duvoor-B</td>
<td>IM-Derm</td>
<td>IM-Sleep</td>
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<td>IM-PP</td>
<td>IM-GMC</td>
<td>IM-Endo-B</td>
<td>P-Ado</td>
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<td>1-Feb D</td>
<td>Walters-A</td>
<td>IM-Sleep</td>
<td>IM-Derm</td>
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<td>IM-Endo</td>
<td>IM-Endo</td>
<td>P-Ado</td>
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<tr>
<td>8-Feb A</td>
<td>Patel-A</td>
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<td>15-Feb B</td>
<td>Lucas-B</td>
<td>IM-Sleep</td>
<td>IM-Derm</td>
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<td>IM-Endo</td>
<td>IM-Endo</td>
<td>P-Ado</td>
<td>P-Ado</td>
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</table>
What I wish I had known/advice

- Residents need A LOT of coaching about how to read a schedule – you need a chief resident AMION wizard on your side
- Integrating two different ways of using a system like AMION can be challenging
- Good communication between the categorical chief residents goes a long way
What I wish I had known/advice

- Having infrequent, concentrated ambulatory time makes it necessary that residents really focus on learning about ambulatory topics during those weeks.
- If you use any self-directed curricular materials, don’t make it optional – most residents need regular checks/reminders to stay on track.
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Baylor College of Medicine

- Class size: 8 per year (32 total)
- Continuity clinic type: combined
- Number of continuity clinic sites: single site
- Categorical IM program – 44 per year, two continuity sites
The X+Y Journey

- IM categorical program is 4+4 (third year attempting a X+Y system)
- First year was 4+1, second year was 4+2+2
- As Med-Peds we chose to opt out of all of the above and maintain ½ day clinic
- We used a sliding scale approach – more service heavy months we reduced clinics to 1 or 2 times in the block.
Review of schedule in X+Y

- For IM program:
  - ‘+1’ week comprised of:
    - 5 continuity clinics
    - specialty clinics
    - Academic day on Wednesdays
- Pediatrics did not participate in X+Y
  - Pedi Residents maintained ½ weekly clinic
Challenges posed to MP in X+Y

- Creating a manageable clinic schedule would be challenging
  - Half the program (on pediatrics) comes ½ day weekly
  - Other half of program would have to come for 5 sessions in 1 week every 5 weeks.
- Clinic didactics
  - Would become fragmented
- Clinic space – limited number of exam rooms
Resident Feedback

- Our residents rotated every 4 weeks, whereas IM were offset by an additional week.
- Inpatient services became very disjointed and fractured.
  - As well as for Faculty and medical students whose schedules were not aligned with the residency.
- IM residents were getting a ‘golden weekend’ at the end of every ‘+1’ week whereas MP were not.
- MP residents felt uncomfortable having to be the only ones leaving inpatient duties to attend clinic.
Faculty Feedback

- Inpatient faculty on general wards and specialty services were very frustrated with a new resident starting each week
  - i.e. on MICU, a new intern joined the team every Monday. Made it challenging to build on teaching for the group
- Categorical IM faculty did find a better ambulatory experience for residents
What I wish I had known/advice

• If I was to be offered 4+1 again, I would give it a try while MP residents rotated on IM
  ◦ It was not good for moral, scheduling would have been challenging but I think we could have made it work
• Was caught off guard by the ‘golden weekends’ at the end of +1 week for IM Categoricals.
• Very challenging for academic centers with multiple specialties rotating through
• 4+1 seems ideal for a community program or smaller program
Now it’s 4+4...

- **Categoricals:** ward/ICU type block alternates with elective/ambulatory blocks
  - Attend continuity clinic only every other block
  - No clinic on wards, ICU, ER or specified inpatient electives
  - Elective or ambulatory blocks – clinic for 1 full day every week
  - Sliding scale when on specified electives (usually 2 full days in 4 week stretch) – may end up with 6 week stretch of no clinic
  - Monthly Academic day on elective or ambulatory block
- **MP:** ½ to 1 full day weekly during 4 week block
4+4 = ???

- This is a more palatable solution for overall scheduling.
- Provides more flexibility to handle surprise changes in staffing (medical leave, etc.)
- Remaining challenge – academic day attendance. Never able to attend while on pediatrics – unable to attend half the time on medicine
References


