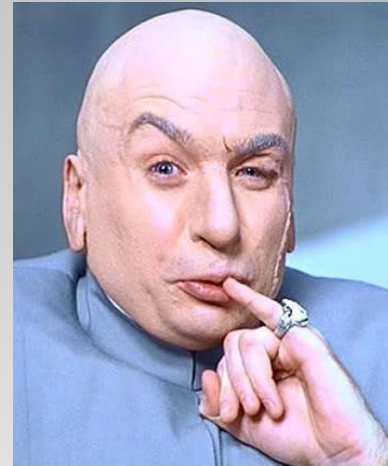
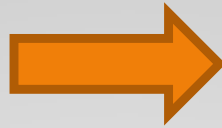


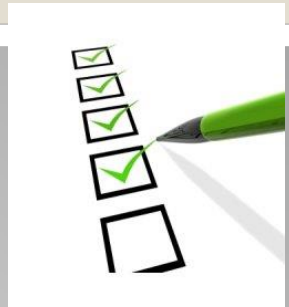
Med Peds and X + Y Schedules

The Good, the Bad, and the not-so Ugly



**“We’re going to an X+Y Schedule,
is that ok for Med Peds?”**

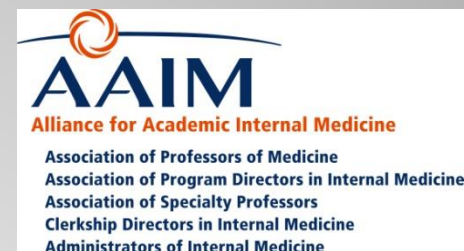
Objectives



- 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

X+Y

AMB					AMB					AMB
AMB					AMB					AMB
AMB					AMB					AMB
AMB					AMB					AMB
AMB					AMB					AMB
AMB	Elective	Elective	Elective	Elective	AMB	Neph-SLH	Neph-SLH	Neph-SLH	Neph-SLH	AMB
AMB	Elective	Elective	H/O OP	H/O OP	AMB	Pink S-B	Pink S-B	Pink S-B	Pink S-B	AMB
AMB	GI-SLH	GI-SLH	GI-SLH	GI-SLH	AMB	Blue S	Blue S	Blue S	Blue S	VACA-S
AMB	TMC Pulm	TMC Pulm	TMC Pulm	TMC Pulm	AMB	VACA-S	VACA-S	Elective	Elective	AMB
AMB	Geri	Geri	Neuro-TMC	Neuro-TMC	AMB	EM-SLH	EM-SLH	EM-SLH	EM-SLH	AMB
AMB	Orange S	Orange S	Orange S	Orange S	AMB	AMB A	AMB A	AMB C	AMB C	AMB
AMB	NF-SL S	NF-SL S	Geri	Geri	AMB	VACA-S	H/O SLH	H/O SLH	H/O SLH	AMB
AMB	NF-TMC S-A	NF-TMC S-A	Silver S-B	Silver S-B	AMB	AMB C	AMB C	AMB A	AMB A	AMB
7/1	7/11	7/18	7/25	8/1	8/8	8/15	8/22	8/29	9/5	9/12
	AMB					AMB				
	AMB					AMB				
	AMB					AMB			H/O OP	H/O OP
	AMB					AMB				
	AMB					AMB				
Elective	AMB	Pink S-B	Pink S-B	Pink S-B	Pink S-B	AMB	NF-TMC S-A	NF-TMC S-A	Silver S-B	Silver S-B
Elective	AMB	AMB A	AMB A	AMB C	AMB C	AMB	TMC ICU-S	TMC ICU-S	TMC ICU-S	TMC ICU-S
GI-SLH	AMB	Elective	Elective	Elective	Elective	AMB	VACA-S	Elective	Elective	Elective
Elective	AMB	H/O SLH	H/O SLH	H/O SLH	H/O SLH	AMB	H/O TMC	H/O TMC	H/O TMC	H/O TMC
Purple S-B	AMB	Blue S	Blue S	Blue S	Blue S	AMB	NF-SL S	NF-SL S	Orange S	Orange S
Orange S	AMB	GI-OP	GI-OP	AMB C	AMB C	AMB	Elective	Elective	Geri	Geri
Red S	AMB	NF-TMC S-B	NF-TMC S-B	GI-OP	GI-OP	AMB	H/O OP	H/O OP	AMB B	AMB B
NF-SL S	AMB	EM-SLH	EM-SLH	EM-SLH	EM-SLH	AMB	ID-SLH	ID-SLH	ID-SLH	ID-SLH
7/1	7/11	7/18	7/25	8/1	8/8	8/15	8/22	8/29	9/5	9/12
		AMB					AMB			
		AMB					AMB			
		AMB					AMB			
		AMB					AMB			
Neph-SLH	Neph-SLH	AMB					AMB			
H/O SLH	H/O SLH	AMB	Silver S-A	Silver S-A	Silver S-A	Silver S-A	AMB	NF-TMC S-B	NF-TMC S-B	Elective
Elective	Elective	AMB	Gold S	Gold S	Gold S	Gold S	AMB	VACA-S	Elective	Elective
Blue S	Blue S	AMB	TMC ICU-S	TMC ICU-S	TMC ICU-S	TMC ICU-S	AMB	Green S	Green S	Green S
SLH P/CC-S	SLH P/CC-S	AMB	ID-SLH	ID-SLH	ID-SLH	ID-SLH	AMB	Cards-TMC	Cards-TMC	Cards-TMC
NF-TMC S-B	NF-TMC S-B	AMB	AMB B	AMB B	Geri	Geri	AMB	Elective	Elective	AMB A
Pink S-B	Pink S-B	AMB	NF-SL S	NF-SL S	Orange S	Orange S	AMB	GI-OP	GI-OP	Elective

Does your IM or Peds program have an X+Y scheduling system?

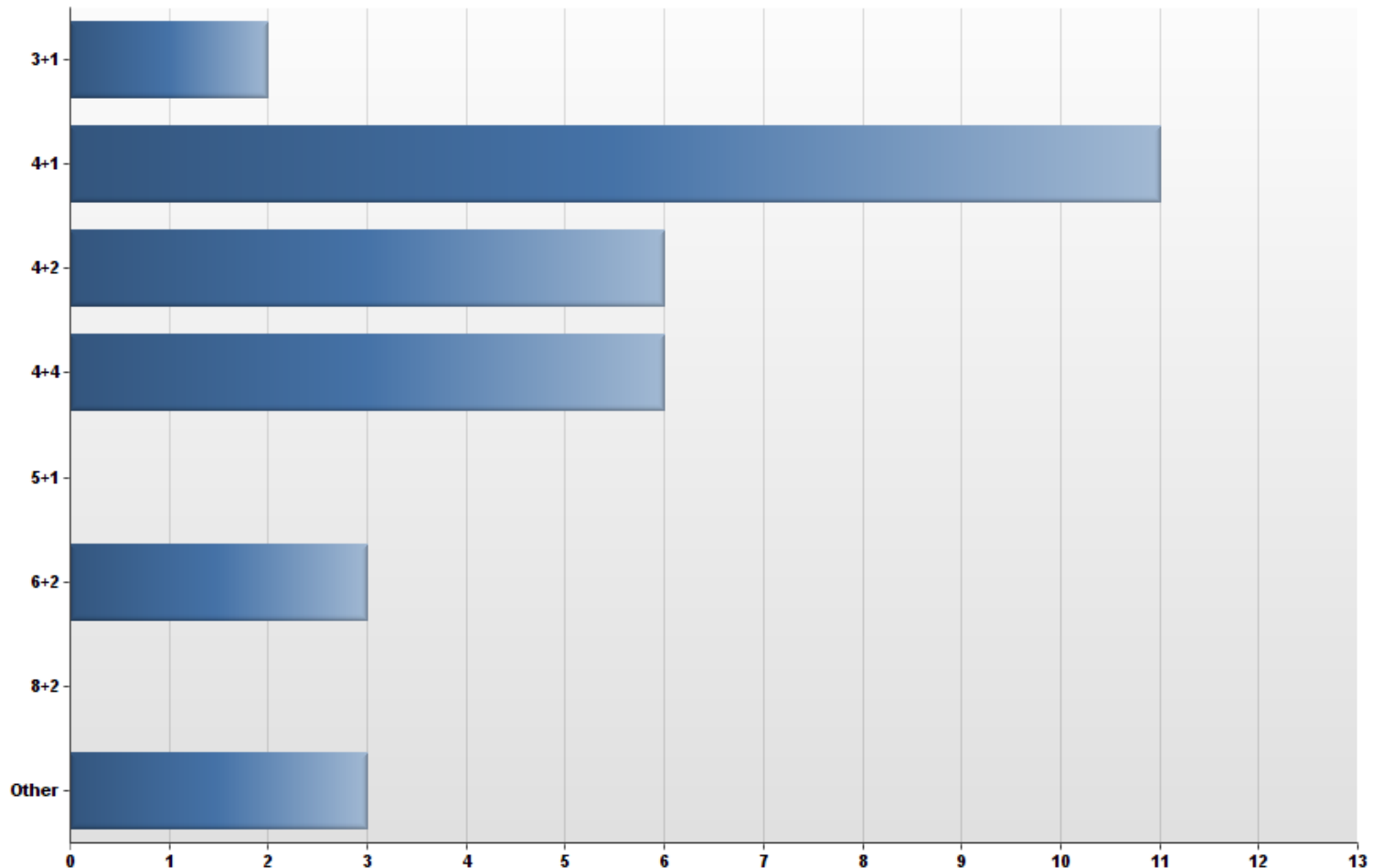
- 53 responses to survey
- 30 have X+Y at their institution in IM
- 2 have it in pediatrics

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

#	Answer	Response	%
1	Yes	11	37%
2	No	19	63%
	Total	30	100%

Courtesy Anoop Agarwal, M.D.; MPPDA Annual Survey

What type of X+Y scheduling system does your Internal medicine program use?

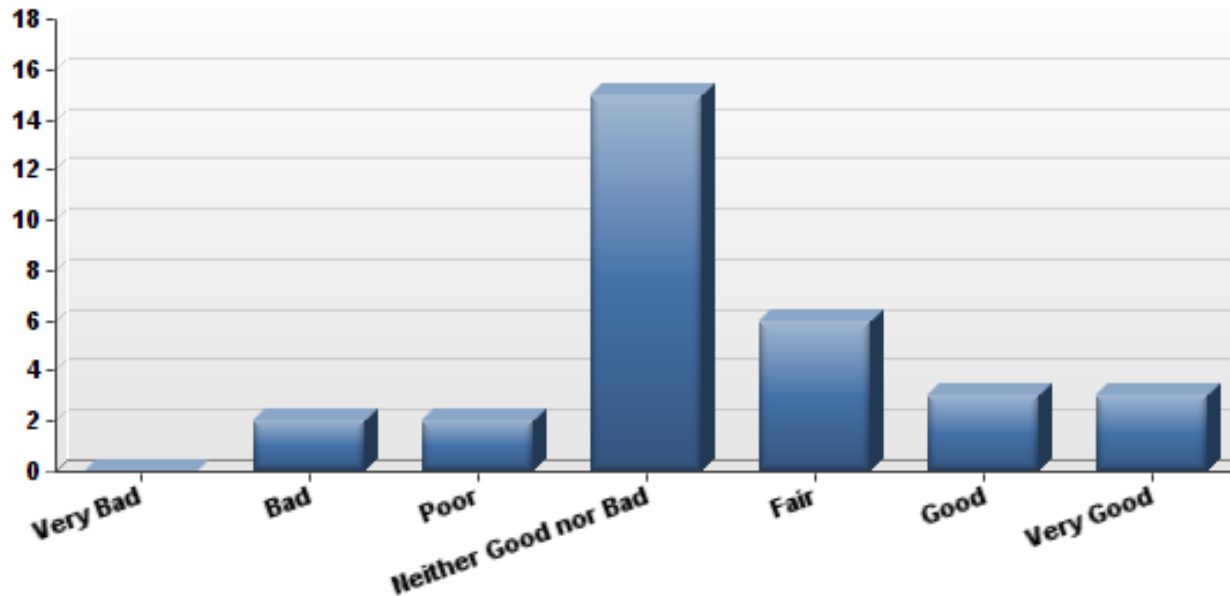


Does X+Y make a difference?

- 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



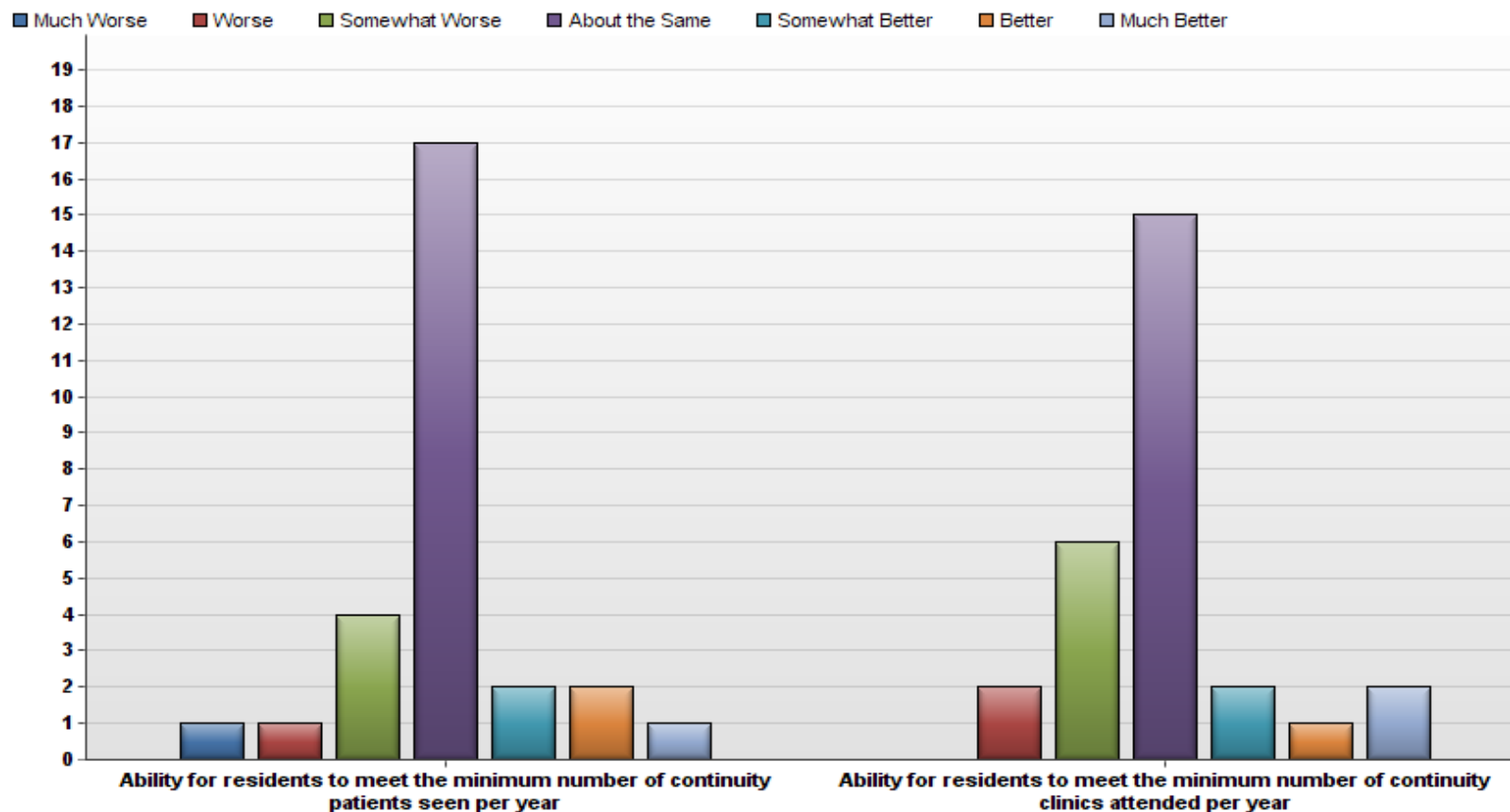
Details

- 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?



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



Stritch School of Medicine

Nathan E. Derhammer, M.D.
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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

OCTOBER '15						
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
NOVEMBER '15						
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						
DECEMBER '15						
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	Continuity Clinic	Urgent Care	Urgent Care	Urgent Care	Friday School	GOLDEN	WEEKEND
PM	Urgent Care	Urgent Care	Urgent Care	Urgent Care	Urgent Care		

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	Continuity Clinic		ED		Friday School	ED	
PM		ED		ED			

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	Continuity Clinic	Substance Abuse	MP Primary Care	Endo	Friday School	GOLDEN	WEEKEND
PM	ID	Renal	Pulm	ENT	GI		



Barriers to MP in 4 + 1

- Switch dates
- The Draft

Firm E Year 2016-2017									
Block 1		Block 2		Block 3		Block 4		Block 5	
7/30-8/26		9/3-9/30		10/8-11/4		11/12-12/9		12/17-1/13	
Rotation Group B		Rotation Group C		Rotation Group D		Rotation Group A		Rotation Group B	
Needs	Resident	Needs	Resident	Needs	Resident	Needs	Resident	Needs	Resident
L-GM Sr 1		H-MICU Sr 1		Liver Sr 2		H-GM Sr 1		L-GM Sr 1	
L-GM Sr 2		L-CICU Sr 1		L-MICU Sr 1		H-GM Sr 2		L-GM Sr 2	
L-GM Sr 3		L-CICU Sr 2		L-MICU Sr 2		H-GM Sr 3		L-GM Sr 3	
L-GM Sr 4		L-BMTU Sr 1		L-MICU Sr 3		H-GM Sr 4		L-GM Sr 4	
Liver Sr 1		L-BMTU Sr 2		L-MICU Sr 4		H-GM Sr 5		Liver Sr 1	
L-NF Sr HOB		L-Cards Sr 1		L-NF Sr HOB		CHF Sr 1		L-NF Sr HOB	
L-NF Sr GM		L-Cards Sr 2		L-NF Sr GM		CHF Sr 2		L-NF Sr GM	
L-NF Cards Sr		CHF Sr 1		L-NF Cards Sr		H-H/O Sr 1		L-NF Cards Sr	
H-NF (UHO) Sr		CHF Sr 2		H-NF (UHO) Sr		H-H/O Sr 2		H-NF (UHO) Sr	
H-GM NF		L-Heme Sr		H-GM NF		H-Cards Sr 1		H-GM NF	
L-NF MICU NF		L-Onc Sr		L-NF MICU NF		H-Cards Sr 2		L-NF MICU NF	
Non-Service		Non-Service		Non-Service		Non-Service		Non-Service	
Non-Service		Non-Service		Non-Service		Non-Service		Non-Service	
Non-Service		Non-Service		Non-Service		Non-Service		Non-Service	
Block 6		Block 7		Block 8		Block 9		Block 10	
1/21-2/17		2/15-3/24		4/1-4/28		5/6-6/2		6/10-7/7	
Rotation Group C		Rotation Group D		Rotation Group A		Rotation Group B		Rotation Group C	
Needs	Resident	Needs	Resident	Needs	Resident	Needs	Resident	Needs	Resident
H-MICU Sr 1		Liver Sr 2		H-GM Sr 1		L-GM Sr 1		H-MICU Sr 1	
L-CICU Sr 1		L-MICU Sr 1		H-GM Sr 2		L-GM Sr 2		L-CICU Sr 1	
L-CICU Sr 2		L-MICU Sr 2		H-GM Sr 3		L-GM Sr 3		L-CICU Sr 2	
L-BMTU Sr 1		L-MICU Sr 3		H-GM Sr 4		L-GM Sr 4		L-BMTU Sr 1	
L-BMTU Sr 2		L-MICU Sr 4		H-GM Sr 5		Liver Sr 1		L-BMTU Sr 2	
L-Cards Sr 1		L-NF Sr HOB		CHF Sr 1		L-NF Sr HOB		L-Cards Sr 1	
L-Cards Sr 2		L-NF Sr GM		CHF Sr 2		L-NF Sr GM		L-Cards Sr 2	
CHF Sr 1		L-NF Cards Sr		H-H/O Sr 1		L-NF Cards Sr		CHF Sr 1	
CHF Sr 2		H-NF (UHO) Sr		H-H/O Sr 2		H-NF (UHO) Sr		CHF Sr 2	
L-Heme Sr		H-GM NF		H-Cards Sr 1		H-GM NF		L-Heme Sr	
L-Onc Sr		L-NF MICU NF		H-Cards Sr 2		L-NF MICU NF		L-Onc Sr	
Non-Service		Non-Service		Non-Service		Non-Service		Non-Service	
Non-Service		Non-Service		Non-Service		Non-Service		Non-Service	
Non-Service		Non-Service		Non-Service		Non-Service		Non-Service	
Non-Service		Non-Service		Non-Service		Non-Service		Non-Service	
Gen Med	Units	Subspecialty	NF	Non-Service	CHF				

Innovations / Advantages found in 4 + 1

- Specialty “+1” weeks

ONC WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Morning	Med Peds PRIMARY CARE HH	Dr. Barton Neuro	Dr. Robinson Breast	CONTINUITY CLINIC	Dr. Micetich GI	GOLDEN WEEKEND	
Afternoon		Dr. Clark Renal/Melanoma	Dr. Henry GU	Dr. Meyer GI	FRIDAY SCHOOL		

GI WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Morning	Dr. Palmer Nutrition	Dr. Cotler Liver	Med Peds PRIMARY CARE HH	CONTINUITY CLINIC	FRIDAY SCHOOL	GOLDEN WEEKEND	
Afternoon	Dr. Khan General	Dr. VonRoenn Liver		Dr. Shah General	Dr. Schnell GI @ HINES		



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)





Tulane
University

SCHOOL OF MEDICINE

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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

June 21 st - June 26 th	July 25 th - July 31 st	August 29 th - Sept 4 th	Oct. 3 rd - Oct 19 th
Nov. 7 th - Nov 13 th	Dec. 12 th - Dec. 20 th	Jan 30 th - February 5 th	March 5 th - March 11 th
April 9 th - April 17 th	May 14 th - May 20 th	xxxxxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxxxxxx

- 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

	MON	TUE	WED	THUR
AM	1555 Poydras Street 8th Floor	Lord & Taylor Clinic 3rd Floor	3308 Tulane Ave	Tulane Cancer Center Clinic 150 S. Liberty
	Intern Monday School	Adult Continuity Clinic	Pulmonology Wetmore Clinic	Hemophilia Transitional Clinic
	<u>FACULTY</u> Chief	<u>FACULTY</u> Dennar Fotino IM Chief: Jacob	<u>FACULTY</u> Klingsberg	<u>FACULTY</u> Singleton
P.M	Tulane Hospital Clinic 4th Floor	275 LaSalle Street Clinic	275 LaSalle Street Clinic	Tulane Children Lakeside 4th Floor
	Cardiology	Med Peds Continuity Clinic	Med Peds Continuity Clinic	Sickle Cell Transitional Clinic
	<u>FACULTY</u> Anwar	<u>FACULTY</u> Debord Huntwork	<u>FACULTY</u> Dennar MP Floater	<u>FACULTY</u> Chavan



PGY-3 Green Firm Template

	MON	TUE	WED	THUR
AM	Algiers Urgent Care 3801 General DeGaulle Dr.	Lord & Taylor Clinic 3rd Floor	Tulane Cancer Center Clinic 150 S. Liberty	Tulane Hospital Clinic 7th Floor
	Adult & Pediatrics Urgent Care	Adult Continuity Clinic	Sickle Cell Transitional Clinic	Allergy
	FACULTY Hector Cabrera	FACULTY Dennar Fotino IM Chief: Nair	FACULTY Singleton	FACULTY Wild
P.M.	1555 Poydras Street 8th Floor	275 LaSalle Street Clinic	275 LaSalle Street Clinic	Ochsner Health 1315 Jefferson Hwy
	Monday School	Med Peds Continuity Clinic	Med Peds Continuity Clinic	Med Peds Adult Congenital Heart
	Chief	FACULTY Debord Huntwork	FACULTY Dennar MP Floater	FACULTY Thomas Young Sangeetah Shah



Pediatrics

Peds (weekly) / Systole Medicine (Elective /Research/Lakeside ER only)

Tuesday	Wednesday
Rife (MP-1) P-M-P Rachal (MP-1) M-P-M Knutsen (MP-1) M-P-M Watts (MP-2) P-M-P Bruno (MP-2) M-P-M Clark (MP-2) P-M-P Baskind (MP-3) P-M-P Parks (MP-3) M-P-M Kozycki (MP-3) P-M-P Doose (MP-4) P-M-P Alexander Wells (MP-4) P-M-P Siegel (MP-4) M-P-M	Lee (MP-1) M-P-M Bembry (MP-1) P-M-P Chiosi (MP-1) P-M-P Mai (MP-2) M-P-M Johnson (MP-2) M-P-M Okeke (MP-2) P-M-P Masciasz (MP-3) M-P-M Watkins (MP-3) M-P-M Reynaud (MP-3) M-P-M Lau (MP-3) P-M-P Ogitani (MP-4) M-P-M
FACULTY	FACULTY
Debord Huntwork Chief Kalelkar (MP-4) M-P-M	Dennar Niyogi or Gugel Chief: Bowles P-M-P



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





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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

	Mon	Tue	Wed	Thu	Fri	
PGY-1 Kwak – CMH Well Baby Mowrer – CMH Blue Reed – 5/30 MICU, 6/13 SLH Purple, 5/27 MP Clinic Savoji – CMH Purple Smelser – 5/30 ER, 6/27 MP Clinic Willard – 5/30 SLH ER, 6/6 MP Clinic, 6/20 SLH Purple			1 Tray Sifers Out: Reed, Willard, Cameron, Durden, Arora Add: Hini	2 Matt Lindquist Jayme Kwak Out: Lambrecht, Srinivas, Kim Add: Hini	3 Horwitz – Urgent care / newborn only – last patient 3pm (Graduation) Sayed – Urgent care / newborn only – last patient 3pm (Graduation)	PGY-3 Arora – 5/30 Silver, 6/6 MP Clinic, 6/13 Elect, 6/27 MP Clinic Avila – CMH Green Horwitz – 5/30 HO Outpt, 6/13 MP Clinic, 6/20 Elect Lindquist – CMH All/Imm, 6/6 Vaca Sommerville – CMH ER Srinivas – 5/30 DoRo, 6/27 MP Clinic
PGY-2 Cameron – 5/30 SLH GI, 6/27 MP Clinic Durden – 5/30 DoRo, 6/13 MP Clinic, 6/20 Amb B Duong – CMH B/D Jennings – CMH cardiology Lambrecht – 5/30 Neuro, 6/6 MP Clinic, 6/13 GI Clinic, 6/27 MP Clinic Sayed – CMH Advocacy, 6/27 Vaca	6 AM Clinic with Rogers: Lambrecht, Kim PM Clinic: Jeremy Avila Amanda Sommerville Jane Duong Jeremy Jennings Clayton Mowrer Out: Bozarth Add: Willard, Arora	7 AM Clinic with Uhlenhake: Willard, Lambrecht, Arora, Kim PM Clinic: Leah Brandon Ramy Sayed Paymon Savoji Out: Smelser, Horwitz, Hini	8 Tray Sifers Simran Arora Jared Willard Out: Reed, Cameron, Durden Add: Lambrecht, Kim	9 James Kim Danny Lambrecht Jayme Kwak Out: Lindquist, Srinivas Add: Willard, Arora	10 Willard Lambrecht Arora Horwitz Last appt at 3pm (Graduation)	PGY-4 Brandon – CMH Derm Bozarth – LOA Hini – 5/30 MP Clinic, 6/6 Pulm/cc Kim – 5/30 SLH CC, 6/6 MP Clinic, 6/13 Elect Sifers – CMH PCC * Elec, amb, and research Night float calls: Owl, SLH Cards, PICU, PED, TMC ICU Special Dates in: Updated 3/31/16
	13 AM Clinic with Gardner: Horwitz, Durden PM Clinic: Jeremy Avila Amanda Sommerville Jane Duong Jeremy Jennings Clayton Mowrer Out: Bozarth	14 AM Clinic with Uhlenhake: Willard, Durden PM Clinic: Leah Brandon Mara Horwitz Ramy Sayed Paymon Savoji Out: Smelser, Hini	15 Tray Sifers Jamesia Durden Jared Willard Out: Reed, Cameron, Arora Add: Horwitz	16 Matt Lindquist Jayme Kwak Out: Lambrecht, Srinivas, Kim Add: Willard, Durden, Horwitz	17 Durden Horwitz	
	20 Jeremy Avila Amanda Sommerville Jane Duong Jeremy Jennings Clayton Mowrer Out: Bozarth	21 AM Clinic with Uhlenhake: None PM Clinic: Leah Brandon Ramy Sayed Paymon Savoji Out: Smelser, Horwitz, Hini	22 Tray Sifers Out: Reed, Willard, Cameron, Durden, Arora	23 Matt Lindquist Jayme Kwak Out: Lambrecht, Srinivas, Kim	24 No Clinic – Annual MP Program Review	
	27 AM Clinic with Gardner: Cameron, Lambrecht, Reed, Smelser PM Clinic: Jeremy Avila Jane Duong Jeremy Jennings Clayton Mowrer Out: Bozarth, Sommerville Add: Arora, Srinivas	28 AM Clinic with McBride: Lambrecht, Srinivas PM Clinic: Leah Brandon Paymon Savoji Katelyn Smelser Out: Sayed, Horwitz, Hini Add: Reed, Smelser Cameron, Arora	29 Tray Sifers Simran Arora Aunya Cameron Kyle Reed Out: Willard, Durden Add: Smelser, Lambrecht, Srinivas	30 Matt Lindquist Shubra Srinivas Danny Lambrecht Jayme Kwak Out: Kim Add: Reed, Smelser Cameron, Arora		

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

Date	AM	PM	Notes
6/1/15	QI	M/P Clinic	
6/2/15	M/P Clinic	MP Clinic	
6/3/15	Ready Set Grow Clinic 8am CMH Broadway, Purple Clinic	M/P Clinic	
6/4/15	Independent Study Failure to Thrive Modules	Teen Clinic	Please turn in completed module to Brie
6/5/15	Teen Clinic	M/P Clinic	

- 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.

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UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

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- 19 residents
- Clinics shared with categorical residents
- 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



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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



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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!

	A	B	C	D	E	F	G	H	I	J
1	Week by Week - M-P Clinic Week "Eligibility"									
2				B	A	A/mostly B	B/mostly B	Mostly A/mostly A	B/mostly C	A/mostly B
3			Summary	Berner	Bransford	Brixey	Duvoor	Walters	Davis	Patel
4					no spec. vac	rec'd vacation		rec'd vacation		no spec request
5	1-Jul	A		IM-GMC		P-Nephro	P-GPC		IM-GI	
6	6-Jul	B	Brixey-A,Duvoor-B	IM-GMC		P-Nephro-A	P-GPC-B		IM-GI	
7	13-Jul	C	Philamlee-A, Davis-B	IM-GMC		Vacation	P-GPC		IM-GI-B	
8	20-Jul	D	Stallings-B	IM-GMC		P-Nephro	P-GPC		IM-GI	
9	27-Jul	A	Berner-B	IM-Sleep-B						
10	3-Aug	B	Waldron-A, Lucas-B, Walters-EX	IM-Sleep				Extra-IM Wards		P-H/O
11	10-Aug	C		IM-Sleep						P-H/O
12	17-Aug	D	Holthoff-A	IM-Sleep						P-H/O
13	24-Aug	A	Patel-A, Enuganti-B		IM-Pulm			IM-Sleep	IM-Rheum	P-H/O-A
14	31-Aug	B	Waldron-A, Lucas-B		IM-Pulm			Vacation- baby due 8/29	IM-Rheum	P-H/O/P-GPC
15	7-Sep	C	Brixey-A,Davis-B, Philamlee-EX		IM-Pulm	P-Sports-A	P-GI	IM-Sleep	IM-Rheum-B	P-GPC
16	14-Sep	D	Bransford-A		IM-Pulm-A	P-Sports	P-GI	IM-Sleep	Vacation	P-GPC
17	21-Sep	A	Walters-A, Enuganti-B, Stallings-EX	IM-Pulm	IM-H/O	Vacation	P-GI	IM-Endo-A	Vacation	P-GPC
18	28-Sep	B-Switch	Patel-A, Duvoor-B	Vacation			P-GI/IM-GMC-B	IM-Endo/P-Infant		P-GPC/IM-A
19	5-Oct	C	Philamlee-A, Berner-B	P-GPC-B			IM-GMC	P-Infant		IM-Women
20	12-Oct	D	Holthoff-A,	P-GPC			IM-GMC	P-Infant		IM-Women
21	19-Oct	A	Walters-A, Enuganti-B	P-GPC			IM-GMC	P-Infant-A		IM-Women
22	26-Oct	B	Patel-A, Duvoor-B	P-GPC			IM-GMC-B	P-Infant		IM-Women-A
23	2-Nov	C	Philamlee-A, Davis-B, Berner-B	P-Pharm/Tox-B	P-GPC	IM-Women	IM-Geriatrics		P-Nephro-B	
24	9-Nov	D	Bransford-A, Stallings-B	P-Pharm/Tox	P-GPC-A	IM-Women	IM-Geriatrics		P-Nephro	
25	16-Nov	A	Brixey-A, Enuganti-B	P-Pharm/Tox	P-GPC	IM-Women-A	IM-Geriatrics		Vacation	
26	23-Nov	B-T-giving	Waldron-A, Lucas-B	P-Pharm/Tox	P-GPC	IM-Women	IM-Geriatrics		P-Nephro	
27	30-Nov	C			P-Reading					
28	7-Dec	D	Holthoff-A		P-Reading			P-GPC		
29	14-Dec	A	Walters-A		P-Reading			P-GPC-A		
30	21-Dec	B-Christmas								
31	28-Dec	C-Christmas								
32	4-Jan	D	Holthoff-A, Stallings-B, Berner-EX	IM-Derm-EXTRA	IM-Pulm	P-GPC	P-PP	IM-GMC		
33	11-Jan	A	Waldron-A, Enuganti-B, Lucas-EX	IM-Derm	IM-Sleep	P-GPC	P-PP	IM-GMC		
34	18-Jan	B	Brixey-A,Duvoor-B	IM-Derm	IM-Sleep	P-GPC-A	P-PP-B	Vacation		
35	25-Jan	C	Philamlee-A, Bransford-A, Davis-B, Lucas-EX		IM-Sleep-A	P-GPC	P-PP	IM-GMC	IM-Endo-B	
36	1-Feb	D	Walters-A		IM-Sleep			IM-GMC-A	IM-Endo	P-Ado
37	8-Feb	A	Patel-A		IM-Derm				IM-Endo	P-Ado-A
38	15-Feb	B	Lucas-B		IM-Derm				IM-Endo	P-Ado

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



GIVING LIFE TO POSSIBLE

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- 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 1/2 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 1/2 weekly clinic

Challenges posed to MP in X+Y

- Creating a manageable clinic schedule would be challenging
 - Half the program (on peds) comes 1/2 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 peds – unable to attend half the time on medicine

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