

# Resident Schedule for Improving Continuity of care

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# Our mission

Above all else, we are committed to the care and improvement of human life.



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# Background

Outpatient continuity of care with a primary care physician has not always been a point of emphasis in resident education. Historically this has composed 10-20% of primary care provider training.<sup>1,2</sup>

Family medicine officially recognized in 1969<sup>3</sup>

- Focus on improving continuity of care

Multiple causes for dysfunction in the continuity clinic

- Insufficient staffing
- Difficulty scheduling
- Complex schedules
- Uncertainty with future clinic availability

# Background

## The Importance of continuity

- Improved feeling of preparedness at graduation from training <sup>4</sup>
- Increased resident satisfaction <sup>6</sup>
- Improved patient satisfaction <sup>5</sup>
- Better development of outpatient skills <sup>5,6</sup>
- Increased resident panel size <sup>7</sup>

# Introduction

At the start of this study:

- No centralized planning or predictable pattern of scheduling for individual residents clinic schedules
- Lack of consistent continuity of care
- Patients seeing numerous providers for chronic issues

# Introduction

## Clinical Question:

- Does clinic scheduling, with increased awareness of future provider availability, improve long term continuity with patients?

## Existing Policies

- Residents are scheduled for continuity clinic based on current rotations. Monthly scheduling of rotations is variable based on scheduled period of their rotations. Schedule for clinic is built out approximately 3 months in advance based on scheduled rotations.

# Introduction



## New Policy:

- Resident schedules will be predetermined for each monthly rotation
- Dates of resident availability will be known up to 1 year in advance
- The continuity clinic will have known dates of provider availability
- Changes to schedule will be made at least 3 months in advance

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# Methods

Survey was developed to assess the resident perception of continuity of care and their ability to build meaningful provider-patient relationships based on the changes to scheduling.

- Survey was anonymous, electronically distributed to the group.
- Surveys were conducted of the entire resident population at the family medicine residency (PGY-1 & PGY-2) prior to implementation of the study.
- Survey was repeated following 6 months of implementation of the new policy of the same resident pool (PGY-2 and PGY-3)
- Survey questions were designed based on common complaints affecting continuity of care.

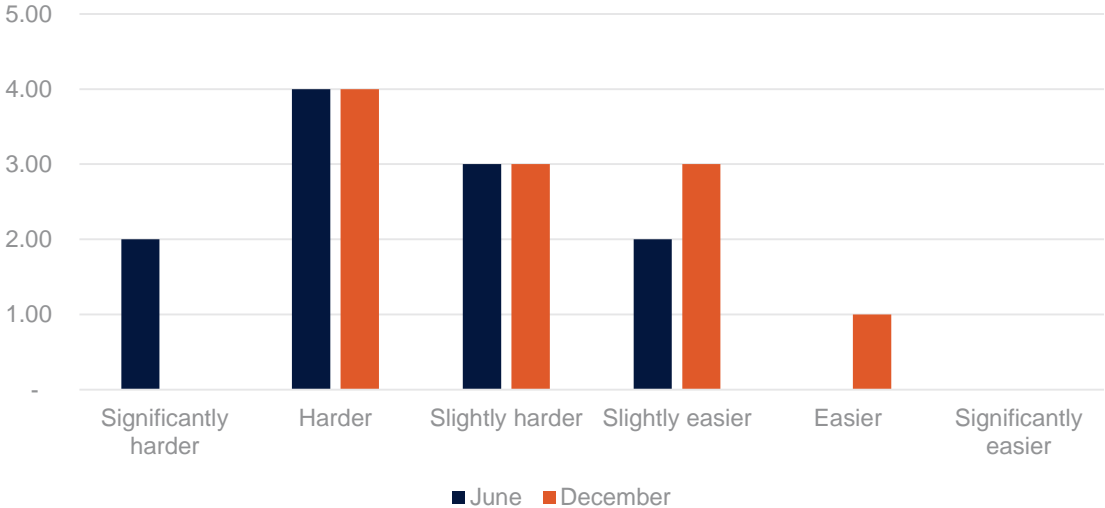


# Results

How does current clinic scheduling knowledge affect your ability to consistently see patients?

	June	December
<b>Significantly harder</b>	2 (18%)	-
<b>Harder</b>	4 (36%)	4 (36%)
<b>Slightly harder</b>	3 (27%)	3 (27%)
<b>Slightly easier</b>	2 (18%)	3 (27%)
<b>Easier</b>	-	1 (9%)
<b>Significantly easier</b>	-	-

How does current clinic scheduling knowledge affect your ability to consistently see patients?



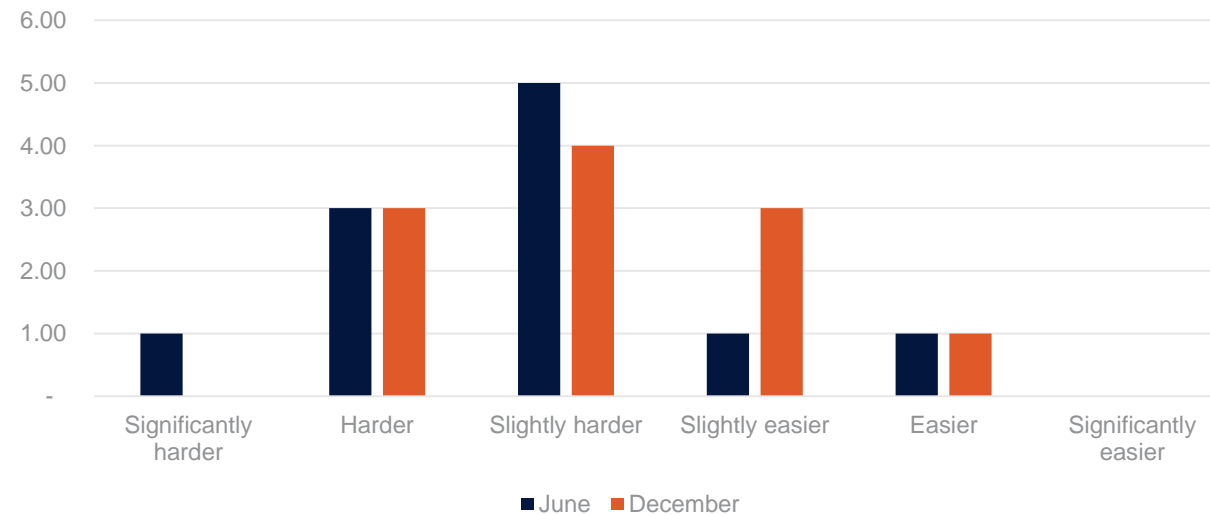
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# Results

How does current clinic scheduling knowledge affect your ability to build a relationship with your patients?

	June	December
<b>Significantly harder</b>	1 (9%)	-
<b>Harder</b>	3 (27%)	3 (27%)
<b>Slightly harder</b>	5 (45%)	4 (36%)
<b>Slightly easier</b>	1 (9%)	3 (27%)
<b>Easier</b>	1 (9%)	1 (9%)
<b>Significantly easier</b>	-	-

How does current clinic scheduling knowledge affect your ability to build a relationship with your patients?



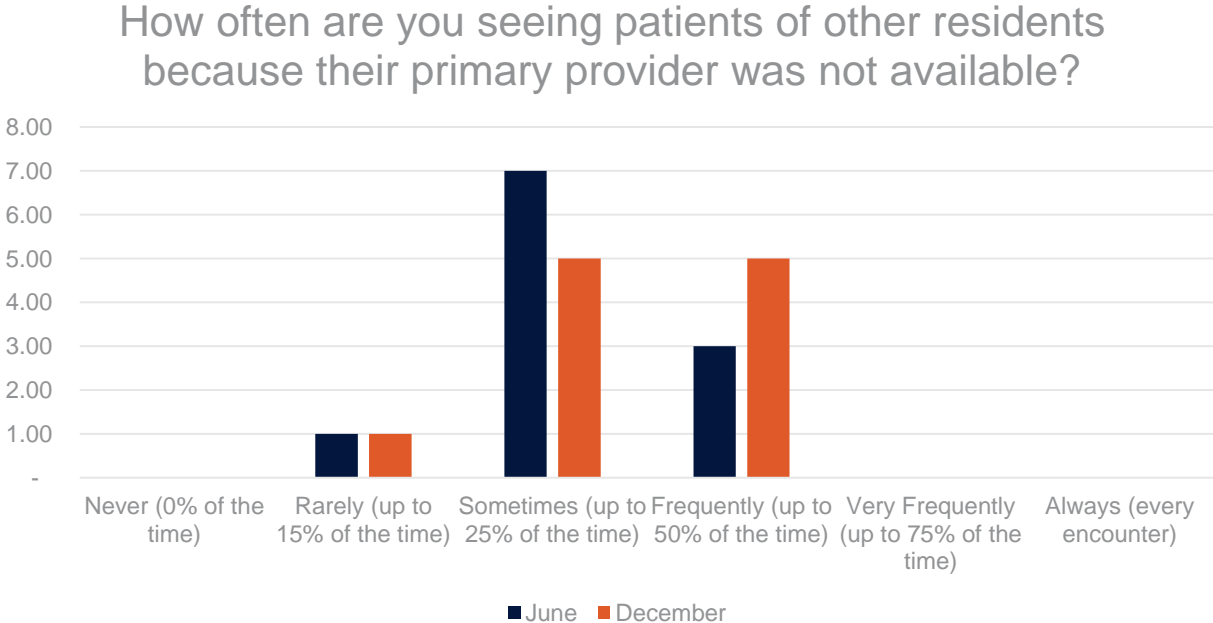
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# Results



How often are you seeing patients of other residents because their primary provider was not available?

	June	December
Never (0% of the time)	-	-
Rarely (up to 15% of the time)	1 (9%)	1 (9%)
Sometimes (up to 25% of the time)	7 (64%)	5 (45%)
Frequently (up to 50% of the time)	3 (27%)	5 (45%)
Very Frequently (up to 75% of the time)	-	-
Always (every encounter)	-	-



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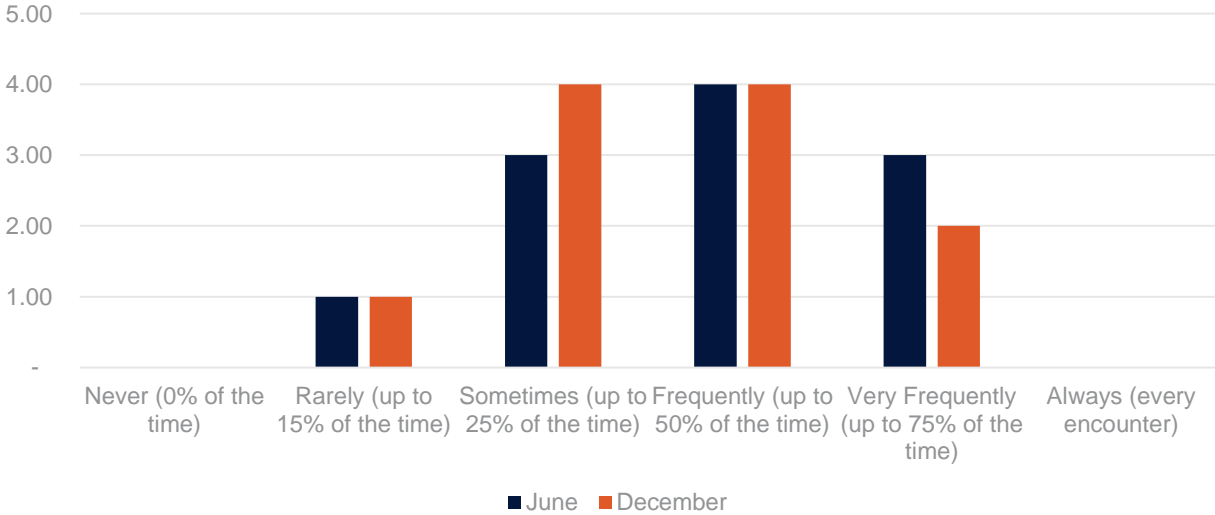
# Results



How often are your patients able to arrange follow up with you at the initial requested time?

	June	December
Never (0% of the time)	-	-
Rarely (up to 15% of the time)	1 (9%)	1 (9%)
Sometimes (up to 25% of the time)	3 (27%)	4 (36%)
Frequently (up to 50% of the time)	4 (36%)	4 (36%)
Very Frequently (up to 75% of the time)	3 (27%)	2 (18%)
Always (every encounter)	-	-

How often are your patients able to arrange follow up with you at the initial requested time?



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# Results

- Shift towards improved perceptions of continuity of care with patients
- Improved relationship building with patients
- Increased frequency of seeing other residents patients
- Increased difficulty of obtaining follow up at desired times

# Discussion

- Changes observed present a confusing picture of perceived improvement in continuity and relationship building despite more follow ups with other residents patients.
- Rigidity of scheduling may make obtaining follow ups at some patients desired times more difficult.
- Small population sampled can skew results significantly
- Change to 30 minute appointments for PGY-1 to PGY-2 residents mid-study.
- Increased clinic volume
- Expected improvement in patient management as training progresses
- Impact may be greater over a longer interval with continued time to build relationships with individual patients.
- Future work should include evaluation of both perceptions of continuity, as well as true metrics of follow-up rates, and percentage of visits with other providers

# Conclusions

- Predetermined clinic schedules appear to have a mild improvement in perceived continuity of care from the providers perspectives
- Further evaluation with larger populations of providers could be beneficial in determining the impact of these changes.
- Avoiding assessments at times where residents are typically taking time off (Holidays) could prevent data being skewed.

# References



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