Continuity Clinic Plans – Sierra View Internal Medicine Residency

Currently, the plan is for an ongoing, ½ day a week continuity clinic for all categorical residents (we will not be on an X+Y or 4+1/4+2 schedule). The reasons for this are multifold. The patient population that we will be serving is more likely to do better with patients being able to repeatedly see the same resident physician as opposed to one of a team of resident physicians. Most of our patients want to identify someone as "my doctor", not "this is my team of doctors". It will promote better buy-in and continuity for patients, and set us apart from many of the clinics / rapid cares / urgent cares in that there will be physician continuity. Additionally, it promotes better engagement from residents. In an X+Y schedule, clinic is "out of sight, out of mind" when the resident is not on their clinic block. This tends to foster a sense of handing off patients and less ownership of the patients and taking care of their issues. Oftentimes, it means that follow-up of a complaint or medication initiated by one resident is done by a different resident – again less ownership. There can be a tendency for residents to delay things that patients need to the next visit so someone else has to deal with it (for example, a resident does not like to do pap smears, so they habitually tell the patient to address it at "the next visit" so that someone else has to do it – again, not taking ownership). From a program standpoint, being on the traditional ½ day a week clinic schedule keeps more time open for residents to schedule vacations, and also allows for didactics to be delivered once at noon conferences, rather than having to be repeated multiple times – this is key with limited faculty.

The continuity clinic will be located across the street from the hospital (only a 2-3 minute walk if that). In the first year, there will be 5 half day clinic sessions, each with 2-3 interns and one preceptor. In subsequent years as the number of categorical residents increases, there will be additional half day sessions, eventually having 4 residents per session when the residency is at maximum capacity.

We will have a limited number of CLIA waived tests that will be able to be performed in the clinic – blood glucose, dip urinalysis, PT/INR etc. Other blood draws and x-rays will be performed in the outpatient lab and outpatient x-ray areas of the hospital. We will perform limited procedures as well – joint injections, EKG, spirometry, pap smears and pelvic exams, minor I+D's, wound care, etc. – typical office based procedures that one would encounter in any primary care setting.

We are exploring the possibility of "community based training" (CBT) if a resident has identified that they want to go into primary care. CBT would allow for a resident to move their continuity clinic into a primary care setting where the possibility of joining a practice would exist, meaning that as the resident is doing their weekly clinic, he/she could be building up a patient base for a future practice as well as learning the office dynamics and logistics. Discussion regarding this are ongoing – initially for interns, we would and to start with our hospital based clinic at first.