Context & Rationale

• Continuity of Care (CoC) identified as an essential component of the 2011 Triple C Competency Based Curriculum
• Stakeholders report varied experiences of CoC

Objective

• Explore factors that may influence a resident’s perception regarding CoC
• Develop strategies to enhance the CoC experience in a preceptor based teaching model

Method

• Review of literature regarding CoC
• Stakeholder consultation through focus groups with residents, and working groups with preceptors

Model Design

• System Resident Preceptor (SRP) model developed as a means of categorizing issues and a tool to implement strategies or improvements
• Model enables the examination of issues through the different lenses that may influence the perception of the CoC experience

The SRP Model

Issues Identified

System
• Variability of half day back
• Dilution by multiple preceptors
• Detraction by required FMTU supervision
• Lack of faculty development/support
• Inconsistent remote EMR access
• Prioritization and advocacy by PD

Resident
• Lack of prioritization of educational objectives
• Inconsistent approach to follow up: scheduling and investigations
• Limited time to review results with preceptor

Preceptor
• Lack of labeling
• Variability of transfer of responsibility for management
• Inconsistent patient care in other settings
• Minimal support for follow up: scheduling and investigations

Strategies for Improvement

System
• Fixed half day back in FM clinic
• Maximum two primary preceptors
• Optimize supervision by PD on FMTU
• New preceptor and resident orientation
• Establish remote EMR access
• Continuity discussion at progress reviews
• Prioritize continuity of patient care in FM clinic

Resident
• Educational objectives reviewed with preceptors
• Develop strategies for consistent follow up: scheduling and investigations
• Collaborate with preceptor to manage results

Preceptor
• Label feedback
• Graduated level of responsibility for patient care
• Facilitate patient care in other settings
• Support follow up: scheduling and investigations
• Encourage care of multiple family members
• Identify “the resident’s patient”

Conclusion

The SRP Model can:
• Identify issues and perceptions related to CoC
• Identify strategies for improvement and change
• Be applied at other residency sites and for other challenges in health professions education

Next Steps

• Explore literature around interventions at each of the System, Resident and Preceptor levels
• Examine holistic interventions to inculcate CoC experience into the identity of future family physicians.

References


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