

Continuity of Care at NYGH: taking stock and planning for the future

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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	Strategies for Improvement
System	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Lack of prioritization of educational objectives Inconsistent approach to follow up: scheduling and investigations Limited time to review results with preceptor 	<ul style="list-style-type: none"> Educational objectives reviewed with preceptors Develop strategies for consistent follow up: scheduling and investigations Collaborate with preceptor to manage results
Preceptor	<ul style="list-style-type: none"> Lack of labeling Variability of transfer of responsibility for management Inconsistent patient care in other settings Minimal support for follow up: scheduling and investigations 	<ul style="list-style-type: none"> 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.

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