

# The 1:1 Scheduling Model: A Primary Care Resident Clinic Model to Enhance Transitions of Care

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## Introduction

The outpatient clinic in primary care serves many important functions, not the least of which is to train primary care physicians in the art and science of outpatient medicine. The myriad of goals of the clinic are often seen as conflicting with, as much as reinforcing of, the training needs of the resident. Significantly, the conflict between inpatient and outpatient demands are often a source of frustration to the resident. A recent report written by the AAMC and UCSF has outlined the need to re-focus on outpatient training in primary care and adopt the philosophy that “the clinic is the curriculum”.<sup>1</sup> One of the salient points in this report is the need to eliminate these conflicting demands between inpatient and outpatient assignments. Some resourceful and creative clinic schedules have been proposed to try and minimize the need for the resident on an inpatient hospital services to have to attend to duties in the outpatient clinic.<sup>2,3</sup> These “X+Y” scheduling models successfully do so, but there is concern that these models can also have a negative impact on continuity of care in the outpatient clinic. We have developed and implemented a new model of integrated inpatient-outpatient care at Western Michigan University, Homer Stryker M. D., School of Medicine which serves to address these concerns.

<sup>1</sup>AAMC; High-Functioning Primary Care Residency Clinics: Building Blocks for Providing Excellent Care and Training; Association of American Medical Colleges, Washington, D.C.;. November 2016

<sup>2</sup>Shalaby M, Yaich S, Donnelley J, Chippendale R, DeOliveira MC, Norouha C. X+Y Scheduling Models for Internal Medicine Residency Programs- A Look Back and a Look Forward; *Journal of Graduate Medical Education*; December 2014; p. 639-642.

<sup>3</sup>Mariotti JL, Shalaby M, Fitzgibbons JP. The 4:1 Schedule: A Novel Template for Internal Medicine Residencies; *Journal of Graduate Medical Education*; December 2010; p. 541-547.

## Methods

We have combined each inpatient month with a corresponding ambulatory clinic month and assigned two senior residents to this combined 8-week block. The seniors supervise the inpatient service on alternating weeks and are assigned to the ambulatory clinic on those weeks when not in the hospital. For the most part, any patient discharged by the inpatient team is seen in the outpatient clinic the following week by the senior resident who supervised the hospital discharge the previous week. Because the number of discharged patients needing such follow up is certainly less than the available outpatient slots, the senior resident has time available during the ambulatory week to see his or her continuity patients as well as meet urgent care needs of the practice. Although this process was initially conceived as a plan to improve discharge follow up care, two unanticipated advantages of this schedule have emerged. The first is that we have the senior work 7 straight days while on the inpatient week and thus there is continuity of care during the weekend when interns are each given a day off and/or there is cross coverage. Attending physicians switch service on Friday evenings, and thus for weekend rounds the senior resident is the source of continuity on the team. The second benefit of this schedule is the stress relief which comes from having each inpatient week alternate with a relatively “easy” outpatient week. Although seven days on the inpatient service is demanding, it is far less so that the “old” system of 24 out of 28 days on service. On the ambulatory weeks the senior gets *at least* an entire weekend off, and this aptly named “golden weekend” is much valued by the residents. In fact at WMed it has become customary to give the ambulatory resident an “extra” day off during the ambulatory week.

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SUN	MON	TUES	WED	THURS	FRI	SAT	
27	28	01	02	03	04	05	
OFF	CLINIC	INPATIENT					
INPATIENT		CLINIC			OFF		
INPATIENT						INPATIENT	
06	07	08	09	10	11	12	
INPATIENT		CLINIC			OFF		
OFF	CLINIC	INPATIENT					
INPATIENT						INPATIENT	
13	14	15	16	17	18	19	
OFF	CLINIC	INPATIENT					
INPATIENT		CLINIC			OFF		
INPATIENT						INPATIENT	
20	21	22	23	24	25	26	
INPATIENT		CLINIC			OFF		
OFF	CLINIC	INPATIENT					
INPATIENT						INPATIENT	

  

	RESIDENT A
	RESIDENT B
	ATTENDING A
	ATTENDING B
	ATTENDING C
	ATTENDING D
	ATTENDING E
	RESIDENT SWITCH DAY
	ATTENDING SWITCH DAY