Internal Medicine Resident Outcomes After Initiation of Block Scheduling

Annashia Shera
Michael Louie
Raymond G. Murphy

Follow this and additional works at: https://digitalrepository.unm.edu/hsc_ed_day
Internal Medicine Resident Outcomes After Initiation of Block Scheduling
Annashia Shera, MD, MS. Associate Program Director, Dept. of Internal Medicine, University of New Mexico School of Medicine.
Michael Louie, MD. Associate Program Director, Dept. of Int Med, University of New Mexico SOM, Raymond G Murphy Veterans Affairs Medical Center

The most critical step in deploying the X+Y schedule is deciding on the duration of the rotations and ambulatory weeks. Priority considerations include the number of residents that can be accommodated in continuity clinic and optimal number of residents on inpatient services. Given the limited access to primary care for many patients in New Mexico, we opted to have the shortest time interval between continuity clinic weeks, formulating the choice of 3+1.

There is an overwhelmingly positive resident perception of block scheduling in terms of wellness, ambulatory care and learning climate. This is in the context of residents who have experienced a traditional schedule. Further results are needed to determine if these benefits remain consistent in a cohort of residents without experience of a traditional schedule.

A survey was conducted inquiring about the resident’s perception of the impact of block scheduling. With a response rate of 37% to 46%, the survey results illustrate that block scheduling is well-received and shows an improvement of resident perceptions of its benefits over time in several domains.

For Residents
- No interruption of rotations for clinic
- Consistent clinic experience throughout residency
- Learn how to manage patient messages/requests regularly due to dedicated time to process them during Y week. Have a week with weekend off between each Y rotation.

For Clinic Patients
- Improves continuity with same resident physician.
- Improves patient safety. Patient messages and requests can be managed timely by their resident physician or covering physician.

For Rotations & Clinics
- Able to schedule patients for learning opportunities given predictability of schedule.
- Opportunity for longitudinal experience over the course of the year.

Traditional Schedule
- Accommodates schedule changes more readily
- Facilitates group orientation when residents switch rotations

Block Schedule
- Intermittent clinic experience and scheduling with unpredictable and prolonged time between clinics.
- Competing demands of inpatient clinical duties during continuity clinic.
- Lack of continuity for panel patients due to inconsistent clinic schedule.
- Multiple call rotations in a row without a break.

REFERENCES

Fig 1. Time spent on call for inpatient schedule
Fig 2. Schema of 3+1 Block Scheduling
Fig 3. Impact of Block Scheduling, 2022-2023: 50 Residents
Fig 4. Impact of Block Scheduling, 2023-2024: 40 Residents
Fig 5. Y Week Benefits to Residency, 2022-2023: 50 residents
Fig 6. Y Week Feature Benefits to Residency, 2023-2024: 40 Residents
Fig 7. Comparisons of X+Y Block Schedule and Traditional Schedule