



Continuity Training in Dermatology: Achieving a Balance Between Exposure and Experience

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I have no relevant industry relationships or other conflicts of interest to disclose



Continuity training: definition

- A recurring outpatient clinic experience which gives the resident the opportunity to provide care for a population of patients in a longitudinal fashion.
- ACGME wants this to occur at least once weekly for all 3 years, ideally in the same location.



The paradox

- Some residency training experiences occur most naturally in a continuity clinic setting:
 - Learning the natural rhythms of skin diseases (e.g., atopic dermatitis)
 - Seeing firsthand the results of one's treatment efforts
 - Developing relationships with patients and practicing the art of doctoring



The paradox

- BUT this requires **autonomy** for residents as well as **supervision**, a difficult balance to achieve and maintain
- AND continuity clinics have drawbacks
 - overrepresentation of “bread and butter” cases
 - financial downside for department
 - Attendings may be less involved than in their own clinics



Comparing two programs



- 9 residents
- One primary practice site
- Residents rotate to weekly peds derm and VA clinics



- 6 residents
- One primary practice site
- Residents rotate on Mohs and dermpath as 1-month blocks





Comparing two programs



- Each resident's basic schedule template the same for 3 years (i.e., same attending on same half day for 3 years)



- Each resident's schedule changes from month to month
- Continuity clinic attending changes monthly





Comparing two programs



- Every general derm clinic is a continuity clinic
- Every patient seen by resident and attending



- 1-2 continuity clinics per week
- Not all encounters directly supervised by attending



Comparing two programs



- Patient appointments are scheduled under attending's name
- Patients tend to identify attending as their doctor



- Patient appointments are scheduled under resident's name
- Patients identify resident as their doctor





Comparing two programs



- Resident vacations, away rotations don't mess up schedule (attending sees patients)



- Resident vacations, away rotations are a headache (requires that another resident cover)





Comparing two programs



- Resident may not have opportunity to do procedures on his/her own patients



- Residents do procedures on their own patients



Comparing two programs



- Residents become experienced, caring, effective dermatologists
- Patients receive top-notch care



- Residents become experienced, caring, effective dermatologists
- Patients receive top-notch care





Advantages



- 100% continuity (in theory)
- 100% supervision (in theory)
- Diverse case mix
- Attendings sleep well at night



- High degree of autonomy
- Opportunities for procedures
- Residents love it





Disadvantages



- Fewer procedure opportunities
- Residents may feel oversupervised (less autonomy)



- More “bread and butter” case mix than UMass
- Attendings worry that less supervision may lead to quality issues





Conclusions and opinions

1. Both models are effective, and continuity clinics provide unique experiences
2. Both programs have a single primary practice site---multisite programs have other challenges to continuity training
3. A little autonomy goes a long way



Conclusions and opinions

4. The attending's involvement may at times be a barrier to resident – patient relationship
5. In general, supervision trumps autonomy