

April 24, 2008

Proposed Internal Medicine Program Requirements – SGIM response

SGIM appreciates the opportunity to comment upon the proposed new RRC requirements for internal medicine training. We focus our remarks upon the requirements for resident continuity clinic and other ambulatory care experiences. This summary statement represents the consensus of a majority of the members of the Resident Clinic Directors Interest Group, Primary Care Program Directors Interest Group, Categorical Program Directors Interest Group, and the Society’s Education Committee.

The ABIM recently conducted a survey of over two hundred medicine residency clinic directors in collaboration with the SGIM interest group representing these clinic directors. In this document, we quote data from that survey where relevant to provide evidence on current training practices that relate to new the RRC proposed requirements.

New regulations propose a minimum of 150 continuity clinic sessions. SGIM strongly endorses this proposal. While 150 sessions represents an important increase in continuity care, this still represents only a fraction of experience in residency. We believe that this will be achievable for most programs since recent data from the ABIM survey of medicine resident clinic directors reported that 50% of programs had 135 or more sessions per resident and 25% had more 182 or more sessions/resident.

Table 1: Mean Number of Weeks with At Least One Resident Clinic and Total Number of Clinics per Year (ABIM Survey)

Post Graduate Year (PGY) Level of Residents	Number of Responses	Mean Weeks or Clinics	Mode	25%	50%	75%	Min	Max
<i>Weeks of Clinic Per Year</i>								
PGY1 -	204	39	40	36	40	44	1	113
PGY2 -	203	39	40	36	40	44	1	113
PGY3 -	203	40	40	36	40	45	1	113
Total Weeks Across PGY Levels		118	120		120	133		
<i>Number of Clinics Per Year</i>								
PGY1 -	191	49	40	38	42	50	16	252
PGY2 -	192	57	40	40	45	62	16	288
PGY3 -	192	59	40	40	48	70	16	360
Total Clinics Across PGY Levels		165	120		135	182		

There have been questions raised as to what might or might not “count” towards the 150. We would recommend that:

- These experiences should be based in general medicine and should not include subspecialty continuity experiences. We believe that only general internal medicine experiences will lead to competencies in managing the full range of acute and chronic disease in internal medicine.

The current language in reference to the 150 sessions does not clarify whether or not certain experiences might be counted. We suggest that:

- Second continuity practice experiences could be counted if:
 1. They are based in general internal medicine and
 2. Residents care for a panel of patients
- Urgent care could be counted if:
 1. Based in the residents primary practice and
 2. There is an expectation of communication with the patient's PCP
- Visits to continuity patients in nursing facilities, in care transition or at home could be counted.
- In allowing flexibility to include urgent care, home visits, and transition of care visits as well as the possibility of short sessions on busy inpatient rotations, there is a risk that such experiences could dominate the residents' experience. We would therefore suggest that at least 120 sessions should represent a full half day of clinical care.

We endorse the expectation of 4:1 ratio of preceptor to preceptee. Recent data from the ABIM survey of medicine resident clinic directors reported the following regarding average number of residents a faculty preceptor supervises per clinic session. Only 19 of the 229 respondents noted a ratio exceeding 4:1.

Table 2: Average Number of Residents Per Faculty Supervisor (ABIM Survey)

Number of Responses	Mean Residents per Preceptor	Mode	25%	50%	75%
229	3.7	4	3	3	4

While we appreciate the enhanced flexibility of requirements in the new recommendations, we recommend that guidelines for numbers of patients per session be reinstated as we worry that residents will otherwise see fewer patients per session than is currently the case. These requirements have also served as an important regulatory measure supporting resident clinic directors' negotiations for space and resources; their absence may actually erode the continuity experience.

ABIM survey data reported the following in response to mean number of patients actually seen per session:

Table 3: Mean Number of Patients Seen Per Resident Clinic Session (ABIM Survey)

Post Graduate Year (PGY) Level of Residents	Number of Responses	Mean Number of Patients Seen Per Session	Mode	25%	50%	75%
PGY1	217	4.0	3.0	3.0	3.0	4.0
PGY2	218	6.1	4.0	4.0	4.1	5.0
PGY3	216	6.8	6.0	4.0	5.0	6.0

If these numbers are not reinstated, we recommend a statement urging that residents must demonstrate that they are able to see 6 patients per session in order to certify senior resident competency in ambulatory medical practice.

Similarly, while we appreciate the flexibility allowed with the removal of the gender requirement in continuity practice allowing block experiences to address gaps in experience, we suggest that regulations encourage continued efforts to achieve an appropriate gender mix in continuity practice.

We support the fact that emergency room time is no longer counted as an ambulatory experience. We also support the requirement for practice-based learning performance data for residents' continuity panels of patients and associated quality improvement within the residency practice

In reference to the requirement that there be "supervision by faculty who develop a longitudinal relationship with residents throughout the duration of their continuity experience," some have raised concerns we recommend clarification that would allow for transitions between preceptors that may be required by faculty job transitions over the 3 years of a resident's training. We suggest that language be added to acknowledge that

- Transitions between preceptors may be required due to faculty transitions over the 3 years of a resident's training
- Resident faculty pairings should represent >50% of sessions/year but cannot be expected to occur for all sessions