

# The Primary Care Program at the University of Rochester

## Overview

Our Categorical Program’s “6+2” Block Model provides outstanding educational experiences for all residents, no matter their career choice. Whether interested in primary care, hospital medicine, subspecialty practice, and/or academics, we want all of our residents to complete our program being able to succeed in any area of practice. We have built significant inpatient and ambulatory elective time into our categorical curriculum to allow residents the flexibility to tailor their own curriculum to match their needs and interests. Our residents’ opinions about the impact of the Block Model on their experiences has been extremely positive, as summarized on our website. Our Primary Care Program builds upon our 6+2 Block approach, increasing ambulatory training time substantially for residents who want predominantly ambulatory careers and offering additional choice in continuity clinic site.

Interns in the Primary Care Program are in a 6+2 block schedule that is very similar to their Categorical Program colleagues. Primary Care Interns do have one less 2-week block of required inpatient rotations to allow them a 2-week ambulatory rotation in a community-based primary care office. All residents, categorical and primary care, complete the intern year with a very solid foundation in inpatient medicine and ready to lead teams on the inpatient services.

For the R2 and/or R3 years, Primary Care residents have the option of switching to a “4+4” Block schedule, with 4 out of every 8 weeks in ambulatory block time. Primary Care residents with a “4+4” schedule have 2 types of ambulatory blocks, as shown below. One of the ambulatory blocks remains synchronized with their primary ambulatory cohort so they can continue to participate in the ambulatory educational sessions on Thursday mornings with their categorical peers. They also have an additional longitudinal ambulatory block with a slightly different schedule. Having 26 weeks of ambulatory block time per year allows Primary Care residents to gain as much as 50% more time in their continuity clinic and more than 3 times as much longitudinal ambulatory elective time.

Our primary care residents are grouped together in the same ambulatory cohort. This allows them to form a primary care resident community within the larger internal medicine resident community. Within these ambulatory blocks primary care residents participate in the general internal medicine residency ambulatory (Thursday morning) curriculum, but they also participate in additional primary care resident specific curriculum Friday mornings. In the Friday morning sessions, primary care residents go deeper into high yield, primary care specific educational content, such as motivational interviewing and Suboxone training. Primary care residents also participate in group community outreach activities during their ambulatory blocks.

Graphical depictions of example Block Sequence schedules for Primary Care R1s, R2s, and R3s are shown in Figure 1. Examples of clinic schedules within the R1 Ambulatory Block (Figure 2) and R2 Ambulatory Blocks (Figures 3 and 4) are shown below. Note that in the R2 and R3 years there are 2 different types of Ambulatory Blocks (“Block 1” and “Block 2”) that are similar but allow different elective options, as depicted in Figures 3 and 4 below.

	Block Start Date											
	6/24/18	7/13/18	7/27/18	8/10/18	8/24/18	9/7/18	9/21/18	10/5/18	10/19/18	11/2/18	11/16/18	11/30/18
Primary Care R1	Ambulatory Block	Vacation	SMH Floors	SMH Floors	Ambulatory Block	MICU	Geriatrics	Night Float	Ambulatory Block	Cardiology Elective	CCU	SMH Floors
Primary Care R2	Ambulatory Block 1	MICU	Nephrology elective	Ambulatory Block 2	Ambulatory Block 1	SMH Floors	SMH Floors	Ambulatory Block 2	Ambulatory Block 1	Vacation	Palliative Care	Ambulatory Block 2
Primary Care R3	Ambulatory Block 1	Ambulatory Block 2	CCU	Vacation	Ambulatory Block 1	Ambulatory Block 2	Rural Primary Care	Rural Primary Care	Ambulatory Block 1	Ambulatory Block 2	SMH Floors	Endocrine Elective

**Figure 1. Primary Care Residents’ Block Sequence Examples for R1, R2, and R3 Years.** Example block sequence schedules for a hypothetical Primary Care R1, R2, and R3. For interns every 4th two week block is ambulatory. For R2s and R3s who choose the “4+4” schedule, 4-weeks of ambulatory blocks are followed by 4 weeks of other rotations, but there are 2 types of ambulatory block (Block 1 and Block 2, as shown below). Ambulatory blocks in the R2 and R3 year can be moved to allow more scheduling flexibility.

## Continuity Clinic Site Choice

Residents in our Categorical and Primary Care Programs can choose to have their continuity clinic site in the Strong Internal Medicine practice (attached to Strong Memorial Hospital) or at the Highland Hospital site, which is smaller and offers a greater emphasis on geriatric ambulatory practice. In addition to these sites, Primary Care Program Residents can choose to have their continuity practice in one of our community-based primary care offices (Categorical residents do not have this option).

## Flexibility

We allow Primary Care residents to switch after their R1 or R2 year into our Categorical Program if their career interests change. We also allow our Categorical residents to switch into the Primary Care Program at the end of their R1 or R2 years. Primary Care residents may opt to be in a “4+4” or a “6+2” structure for their R2 and/or their R3 years. However, residents who switch programs will maintain the continuity clinic site they started with at the beginning of their internship (to maintain resident-patient continuity throughout residency).

## Example Ambulatory Schedules

### Primary Care Intern Ambulatory Block Schedule Example

	Monday	Tuesday	Wednesday	Thursday	Friday	
Week 1	AM	Continuity Clinic	Derm/Musculoskeletal Clinics	Quality Improvement	Education Session	Other
	PM	Community-based Primary Care	Continuity Clinic	Community-based Primary Care	Continuity Clinic	Continuity Clinic

**Figure 2. Example of a Primary Care Intern’s schedule in each Ambulatory Block over the course of the year.** The intern is scheduled to be with a community-based primary care internist Monday and Wednesday afternoons. Tuesday mornings the resident is scheduled into a mixture of dermatology and musculoskeletal clinics over the course of the year. “Other” consists of a combination of self-study modules, administration time, and flexible time. The intern’s block structure is the same as the Categorical interns’ schedules. Only one week of the two week block is shown.

### “4+4” Primary Care Senior Resident Ambulatory Block #1 Schedule Example

	Monday	Tuesday	Wednesday	Thursday	Friday	
Block 1, Week 1	AM	Continuity Clinic	Cardiology Elective	Quality Improvement	Education Session	Other
	PM	Nephrology Elective	Hematology elective	Continuity Clinic	Endocrinology Elective	Continuity Clinic

**Figure 3. Example of “Ambulatory Block 1” for a Primary Care R2 or R3 in the “4+4” Schedule.** The resident maintains the Thursday morning education session and Quality Improvement sessions while in their “Block 1.” The frequency of continuity clinic decreases from 4 sessions per week to 3 sessions per week because they spend twice as many weeks in ambulatory block (combining Blocks 1 and 2) during the year. This still increases the total continuity clinic time by 50%, but also allows the resident to take additional longitudinal ambulatory electives.

### “4+4” Primary Care Senior Resident Ambulatory Block #2 Schedule Example

	Monday	Tuesday	Wednesday	Thursday	Friday	
Block 2, Week 1	AM	Continuity Clinic	Cardiology Elective	Geriatrics	Urgent Care	Other
	PM	Rheumatology Elective	Dermatology Elective	Continuity Clinic	Pulmonary Elective	Continuity Clinic

**Figure 4. Example of “Ambulatory Block 2” for a Primary Care R2 or R3 in the “4+4” Schedule.** Education and Quality Improvement sessions have been replaced by experiences in Urgent Care and additional elective in geriatrics. The resident has a choice with their longitudinal ambulatory electives to stay in the same elective as in Block 1 for twice the “dose” of the elective (as with the Tuesday morning cardiology elective), or to take additional longitudinal electives (as with rheumatology, dermatology, and pulmonary electives). Each elective pairs the resident with a single attending in the field over the course of the year, just as occurs in our Categorical program.