

YAHP Dinner Meeting
January 21, 2010
Greenwich Hospital

MEETING MINUTES

In attendance:

Yale University

Tracy Crosby
Steve Huot, MD, PhD
Silvio Inzucchi, MD

Bridgeport Hospital

George Abdelsayed, MD

Danbury Hospital

Dino Messina, MD, PhD
Mike Schiffman, MD
Winston Shih, MD

Greenwich Hospital

Joel Blumberg, MD
Nelson Bonheim, MD
Ryan Dadasovich, MD
Christopher Davison, MD
Brian Doran, MD
Quinton Friesen
Cara Giacomo
Judy Goldberg, MD
Alexander Hesquijarosa, MD
Stephen Jones, MD
Nimisha Kalia, MD
Odysseas Kostas, MD
Spike Lipschutz, MD
Kay Lovig, MD
Ellika Mardh, MD
Michael Marino, MD
Maria Michaels
Dana Murphy, MD
Donna Phanumas, MD
Charles Seelig, MD

Griffin Hospital

Joseph Gnanaraj, MD
Venkatesh Lakshminarayanan,
MD
Lionel Lim, MD

Hospital of St. Raphael

Stephen Atlas, MD
Alan Kliger, MD
Barry Wu, MD

Norwalk Hospital

Joe Cleary, MD
Vittoria Gassman, MD
Mark Kulaga, MD
Eric Mazur, MD
Steve O'Mahony, MD

St. Mary's Hospital

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Waterbury Hospital

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Dr. Joel Blumberg, Director of Medicine at Greenwich Hospital, welcomed everyone and then introduced Dr. Charles Seelig, Program Director. Dr. Seelig gave a quick overview of the agenda for the evening and dinner began.

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Dr. Seelig's presentation described the development and impact of a 'long block' ambulatory care experience. The rationale behind creating a long block included the RRC-IM requirement of increased required sessions in continuity clinic, and the desire to measure and improve the quality of care provided in clinic. It was also a chance to enhance the integration of residents into a clinic "mini-system".

The schedule modifications were such that they managed to exceed RRC requirements with 160 sessions over 3 years of training. PGY2 and PGY3 spend more time in clinic. It is set up in such a way so as to not allow a resident to be away from clinic for more than 2 months.

Regarding how the new schedule was put into effect, Dr. Seelig provided a timeline overview. The program started with a resident questionnaire in the spring of 2008, followed with implementation of the long block in July. There was a follow-up questionnaire in the spring of 2009, along with clinic nurse interviews in the fall. Patient care outcomes assessments were scheduled semi-annually starting in the fall as well.

Although it is a small program, generally there has been great satisfaction with the changes – especially from the resident's standpoint. Most significantly was an increase (from 3.67 to 4.55) in resident satisfaction on "*my impact on health care outcomes of my patients*". There were a few residents at this evening's meeting who commented on the results, providing very favorable pronouncements on how the long block influenced their educational experience.

The nursing questionnaire, which was done retrospectively, also noted positive results. While they noticed scheduling was more difficult (there were fewer days available for appointments for senior residents), they felt that different residents had changed and improved their patient care – generally, that senior residents seemed to be better at patient care. Since the sample size was extremely small, there were no significant statistical differences, but it was a subjective feeling that the outpatient experience was overall enhanced.

Given that there was so little disruption with implementing the modified long block, and that resident satisfaction and quality improvement was enhanced, Dr. Seelig consequently sees future outcomes assessments being easier to identify and carry out.

Discussion then ensued, starting with the question of even "longer" long blocks, given the apparent success of the program. But it would require RRC approval and would be logistically difficult.

Dr. Seelig then introduced Dr. Steve Huot, Associate Chair of Academic Affairs at Yale. Dr. Huot spoke briefly about how the affiliation agreements had become outdated and is not current with ACGME requirements. Specifically, there needs to be a formal, written affiliation with Yale University as well as with Yale-New Haven Hospital. He also mentioned that certain visas might require both the affiliate hospital and Yale University as sites of work. Dr. Huot also mentioned

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that an educational letter of agreement would be put together, between each Affiliate and each elective rotation.

A question was asked about getting a temporary Yale NetID for affiliate residents while on rotation. Dr. Huot and Dr. Silvio Inzucchi, YAHP Director, agreed to find out, perhaps by talking to Mark Gentry about access to the library.

Dr. Huot also queried the group about having Y-NHH host a dinner meeting once a year. Feedback from the group was very positive.

Dr. Inzucchi then reminded everyone about the annual planning meetings which are coming up. He also asked about topics for the Annual Retreat (perhaps acculturation of international medical graduates to the American healthcare system?) and asked for volunteers for the committee.

He also announced the electives luncheon meeting, which is held each year at Yale for Program Directors and Coordinators – it is scheduled for Monday, February 22, at 1:00pm at the medical school.

He then queried the group about getting their lecture requests - especially for July and August – much earlier. It seems every year is getting increasingly more difficult to find faculty for these months. There was positive feedback.

Dr. Inzucchi thanked Greenwich Hospital for its hospitality and brought the meeting to close at 8:30pm.