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Optimizing Patient Care and Resident Education in an Obstetrics and Gynecology Clinic: The Lehigh Valley Experience

Joseph E. Patruno MD Lehigh Valley Health Network, Joseph_E.Patruno@lvhn.org

Eduardo Lara-Torre MD Lehigh Valley Health Network

Craig Koller ME Lehigh Valley Health Network, Craig.Koller@lvhn.org

Sherrine Eid MPH Lehigh Valley Health Network, Sherrine.Eid@lvhn.org

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Optimizing Patient Care and Resident Education in an Obstetrics and Gynecology Clinic: The Lehigh Valley Experience Joseph E. Patruno, MD; Eduardo Lara-Torre, MD; Craig Koller, M.E.; Sherrine Eid, MPH Lehigh Valley Health Network, Allentown, Pennsylvania

Objective:

Outpatient continuity clinics are where many residents learn critical aspects of ambulatory obstetrics and gynecology and primary and preventive care. We evaluated our continuity clinic structure with the goal of identifying factors that correlated with optimal "perceived" patient care, education, and resident satisfaction.

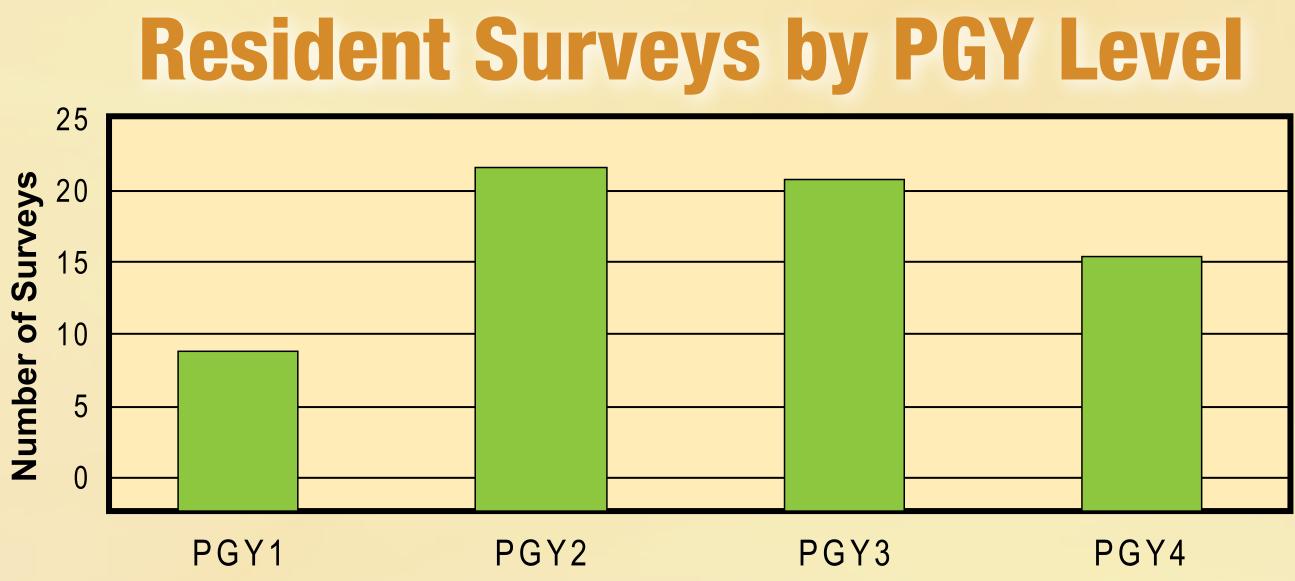
Methods:

- Seventy-two surveys were distributed during the 1 year study period of which 68 were included in the analysis
- Factors reviewed included:
 - 1:1 Faculty to resident ratio versus 1:2 faculty to resident ratio
 - Patient number seen
 - Distribution of patients (gynecology to obstetrics)
 - Specific faculty
- Statistical assessment included Spearman's rho correlation, χ^2 analysis, and independent t tests using SPSS 15.0.

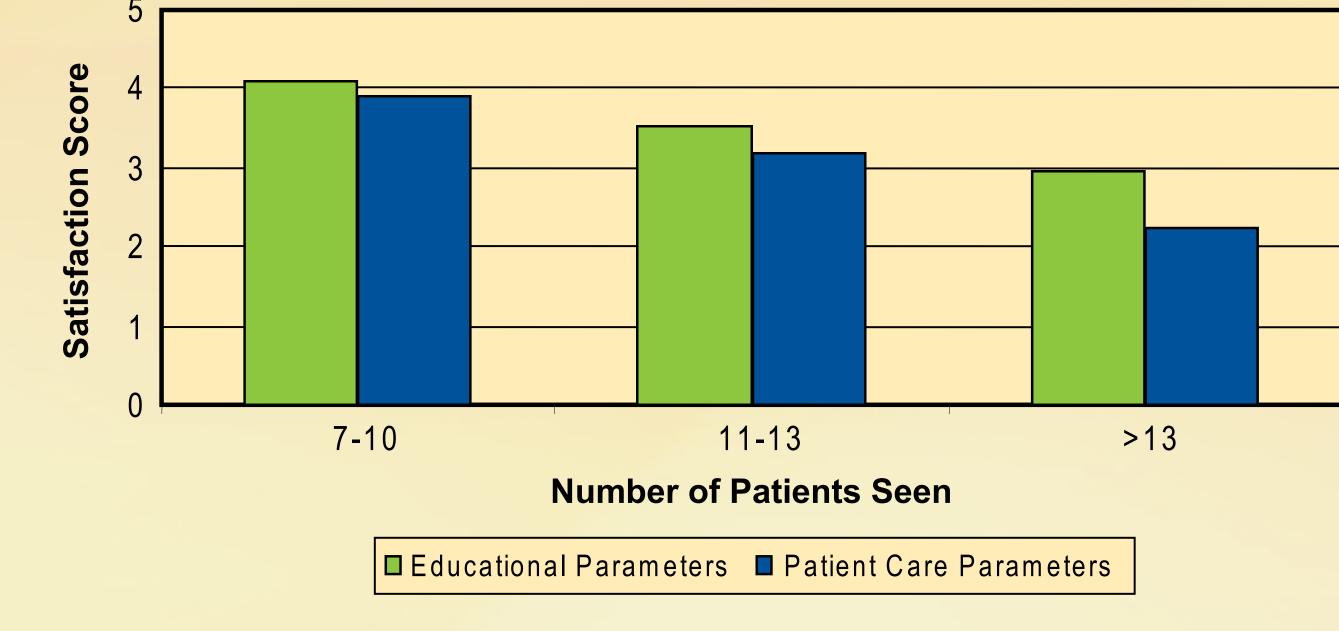
Please complete survey based on your perception of the Stron 1. I felt I provided patients with excellent clinical/medical during this continuity session 2. I felt I provided patients with adequate time, and the	continui ngly disagr 1	-	on Neutral	~	
during this continuity session	1			Strongly agree	
2. I felt I provided natients with adequate time, and the		2	3	4	5
time they deserved, during this continuity session	1	2	3	4	5
3. I felt the faculty attending was readily available and able to oversee me during this continuity session	1	2	3	4	5
4. I felt the faculty attending was interested in teaching and educating me during this continuity session	1	2	3	4	5
5. I felt I had time to investigate records or topics, that I may have been unfamiliar with during this continuity session	1 1	2 2	3 3	4 4	5 5
6. I felt the clinical load was appropriate during this continuity session	1	2	3	4	5
7. I felt I was able to keep up with documentation during this continuity session	1	2	3	4	5
8. When appropriate, I had time to provide patients with counseling or clinical literature or materials during this continuity session	1	2	3	4	5
9. (If working in a teaching capacity) I felt I had time to spend with students and teach	1	2	3	4	5
10. In general, I felt this continuity session was an excellent educational experience	1	2	3	4	5

Results:

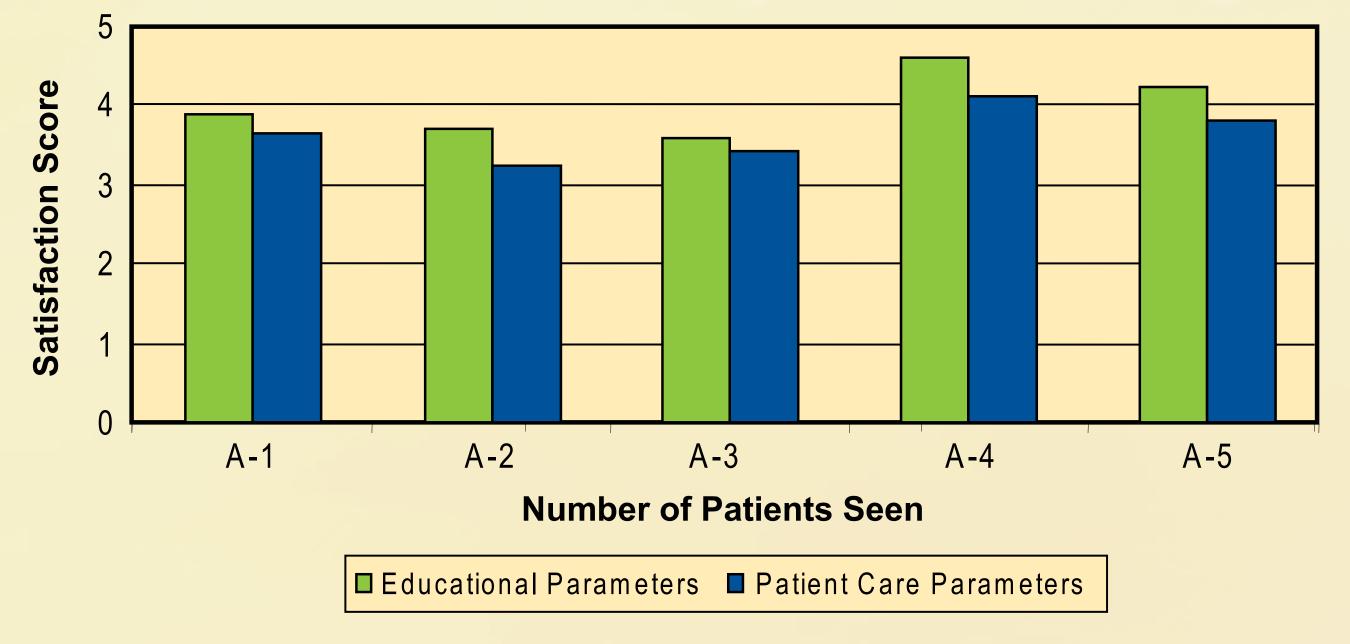
Continuity Clinic Session Survey



Resident Satisfaction vs. Number of Patients Seen



Resident Satisfaction vs. Specific Faculty Attending

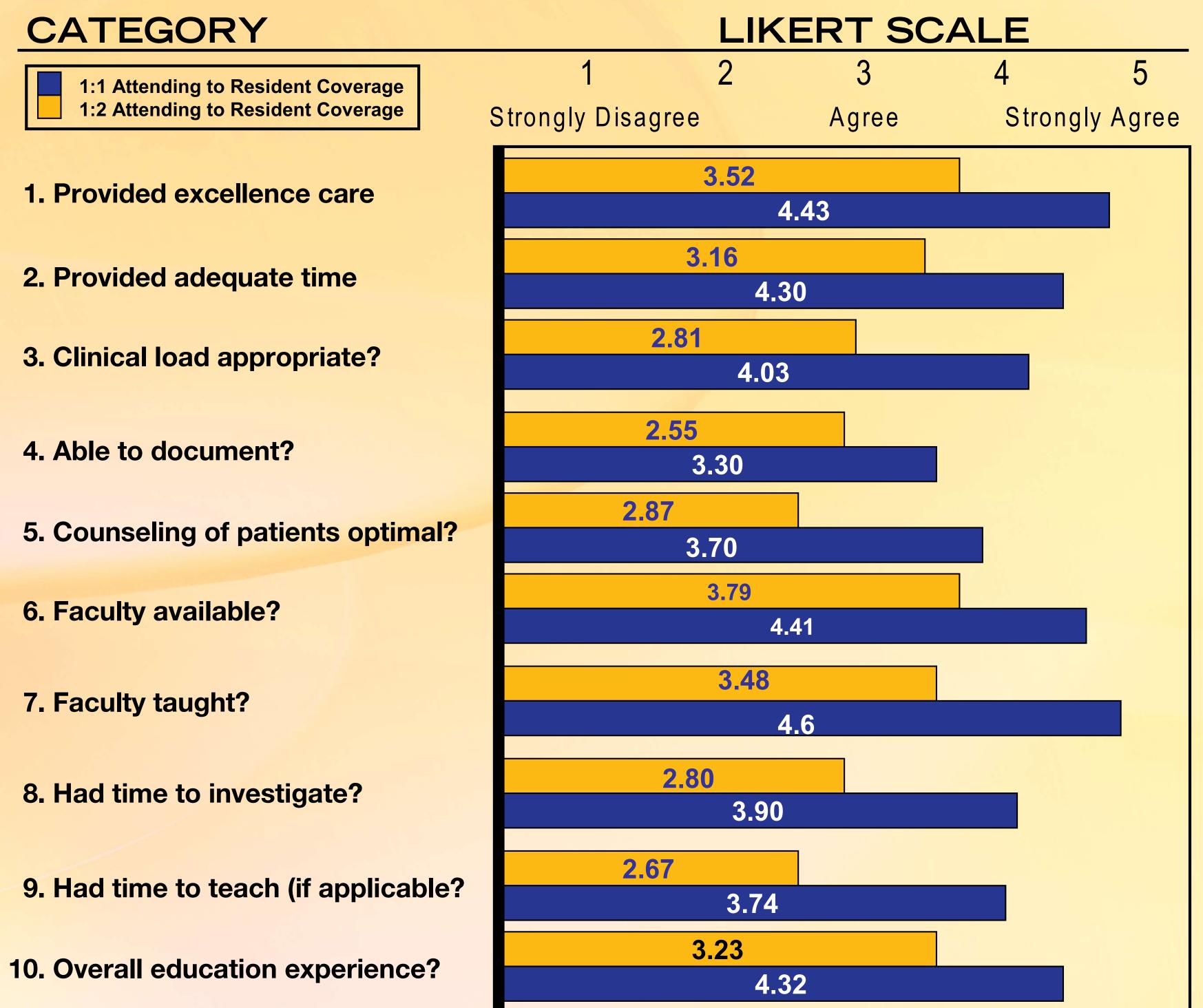


Satisfaction and Patient Care Based on Faculty Staffing

CATEGORY 1:1 Attending to Resident Coverage 1:2 Attending to Resident Coverage **1. Provided excellence care** 2. Provided adequate time **3. Clinical load appropriate?** 4. Able to document? **6. Faculty available?** 7. Faculty taught? 8. Had time to investigate?

Conclusions:

Data suggest that improved staffing of continuity clinics with double attending coverage improves both "perceived" patient care and the educational value of continuity clinic sessions. The optimal patient number seen, based on our survey, is nine per session. Neither the attending, nor the type of patients the resident is responsible for, appear to have a significant effect on these parameters.



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