

Residency within a Practice

A 25-Year Look Back at our Decentralized
Community-Based Training Model for Producing
Rural Full Scope Family Physicians

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Objectives

1. Describe the key elements of a decentralized community-based training program
2. Describe the potential impact of the decentralized training model on a community
3. Describe some of the successes and challenges of this model

“Never let a good crisis go to waste...”

~Winston Churchill

- Evolution of FM in Cabarrus County, NC
- Dearth of adequately trained FM physicians
- Key elements come together to start training program

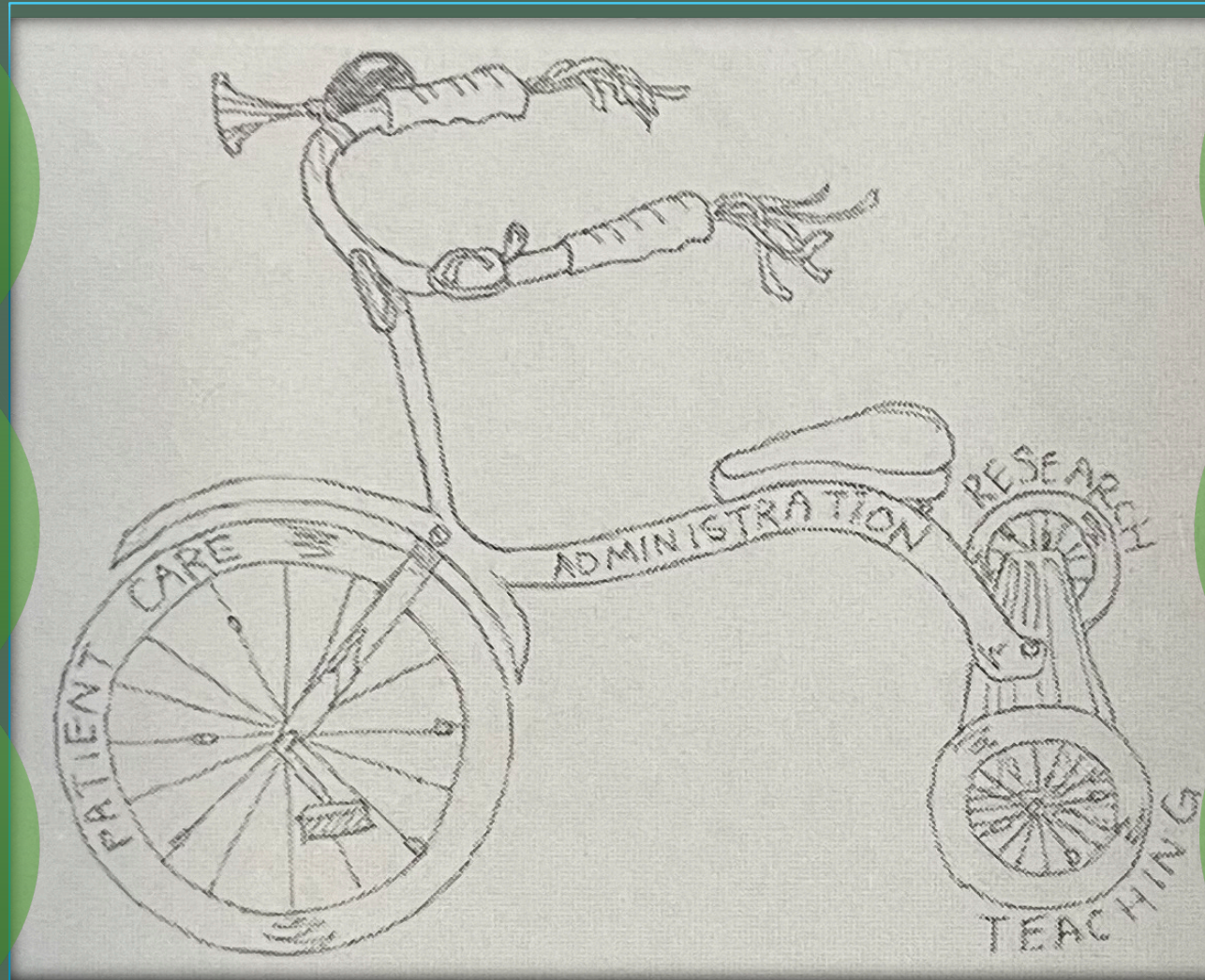


“Residency Within a Practice” Concept Developed

4 clinics – 3
faculty plus
an APP at
each

Four-clinic
model
provides
large patient
base for
learning

Residents
would
function as
“junior
partners” in
the office



All faculty
would be at
least 50%
clinical
(full scope,
incl OB)

Self-
contained
FM inpatient
service

Unopposed
training in
the hospital
setting

Innovation in Financial Model for Training

Practice remains independent and contracts with hospital to run program



All GME/IME passed through to residency



Large faculty base allows for financial stability with private practice model



Partnership with local and state-wide partners (AHEC)

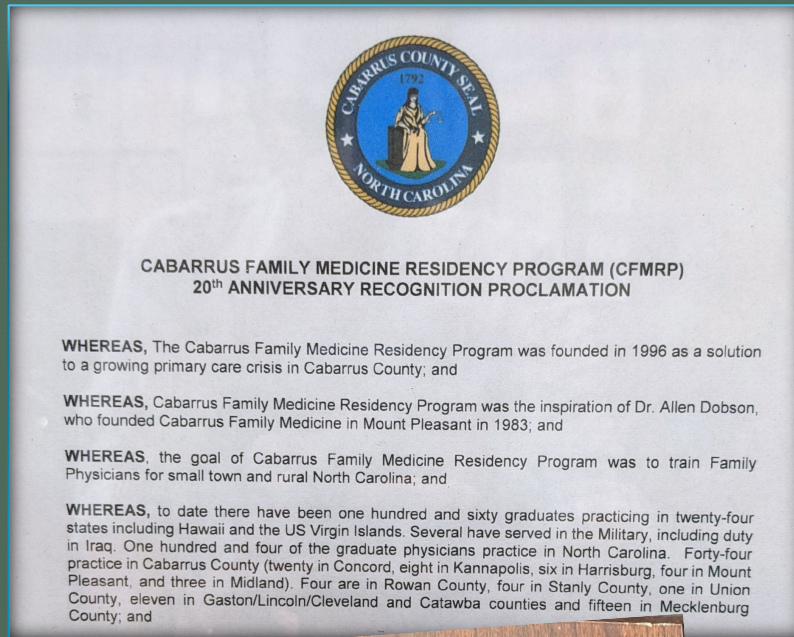


Four clinic model today...

A Culture of Servant Leadership



Impact on the Community



▣ Graduates (1999-2022)

- ✓ 74% stayed in North Carolina, mostly in small/medium sized towns
- ✓ 34% went into rural areas
- ✓ 34% stayed in the Atrium system
- ✓ 12% became hospitalists (23% incorporate inpatient medicine)
- ✓ 11% practice prenatal/maternity care

▣ Currently in our 10 clinics, 51% (23/45) are CFMR graduates

▣ In our four residency clinics, 93% (25/27) faculty do inpatient medicine and 41% (11/27) do OB

▣ Cabarrus County made a proclamation!

▣ Mt Pleasant gave us an award!

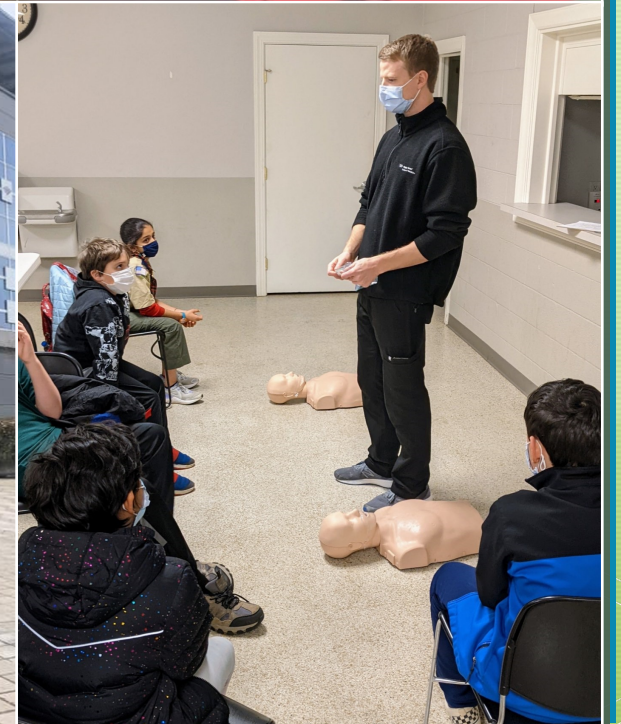


Benefits

- Broader patient base/training, each clinic has its own flavor
- Lower resident: faculty ratio – at least as many attendings in clinic each day as residents
- Junior partner model involves residents in practice management from day one

Benefits

- ❑ More involvement in more communities!
 - ✓ Parades
 - ✓ School sports physicals
 - ✓ Vaccine clinics
 - ✓ Teaching cub scouts
 - ✓ Opioid epidemic presentations
 - ✓ Farmworker education
 - ✓ Sock drives for seniors
 - ✓ Mobile clinics
 - ✓ Special Olympics physicals
 - ✓ Senior health fairs
 - ✓ High school football team coverage



Challenges



- ❑ Maintaining equivalent educational experience and cohesiveness across four clinics
- ❑ Conducting faculty development for large faculty group in four different clinics
- ❑ Growing patient base → growing hospital service → cap on service

Questions?

*Thank
You*

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