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**Title:** Establishment of a Home Visit Program for the Yale Primary Care Internal Medicine Residency Program.

**Specific Aims:**
1) Teach the unique set of skills required for performing home visits
2) Collaborate with visiting nurse services and home care agencies to work as part of an interdisciplinary team
3) Improve the delivery of medical care in the home setting by identifying and correcting unmet needs

**Hypothesis:** Home visits provide the opportunity to evaluate patients outside of the traditional clinical arena and therefore provide critical information needed to better care for patients. Partnering with visiting nurses and home care agencies improves communication and provides a valuable resource. Patients and residents recognize the value of performing home visits, which should be included in the education of internal medicine residents.

**Methods Used:** We have created a home visit program for second and third year internal medicine residents in Waterbury, CT. Residents are asked to identify two to five individuals from their continuity clinic panel who meet the following criteria: 1) have a chronic medical problem which has either been difficult to treat, or that has been successfully treated, or 2) have difficulty arranging office visits, or 3) are elderly. Residents participate in an orientation and training session prior to their first home visit. The first home visit is scheduled with the visiting nurse of one of their patients, and subsequent visits are performed in resident pairs. Residents discuss each home visit with their continuity clinic preceptor and enter a note in the patient’s chart. Each resident describes their experiences during interdisciplinary debriefing sessions to identify means of improving the care delivered to each patient.

**Results:** To date fourteen of twenty-one eligible (67%) PGY 2 and 3 residents have participated in the program. All twenty-one (100%) residents are scheduled to participate in the program this year. Everyone involved has uniformly cited the value of the program and its positive impact on the doctor-patient relationship. Participants report in almost all cases identifying means of improving care and/or arranging additional home services. Residents report gained insight into their patients’ lives and support systems, their home and neighborhood environments, and social situations. Qualitative analysis of resident and patient experiences as well as quantitative assessment of specific aspects of the program (e.g., clinic show rate, medication error, etc.) are planned in future analysis.

**Conclusions:** Developing and implementing a home visit program for internal medicine residents is a feasible educational tool. Partnering with organizations who have expertise in home care and who share in the care of resident’s patients provides a valuable resource. Residents provide improved care when performing home visits on their challenging patients. Home visits foster a more personal and rewarding setting for the practice of outpatient primary care medicine, and should be incorporated into the training of internal medicine residents.