

## LETTERS

## X + Y (or Why Not?)

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To The Editor:

In the December issue of JGIM, Ray et al. examined several models of ambulatory training including an X + Y block schedule, a full-day clinic, and a hybrid clinic model.<sup>1</sup> Previous studies have also examined combination continuity clinics in search of a configuration that enhances patient and resident continuity, improves outcomes, and promotes high patient satisfaction.<sup>2,3</sup> In Table 2 of their article, Ray and colleagues highlight possible advantages and disadvantages of the three systems. We question two elements in this table. First, one of the purported advantages of an X + Y block schedule is “numerous long gaps in residents’ outpatient presence.” We wonder whether this was meant to be designated as a disadvantage. Second, we would question whether “residents maintain[ing] primary ownership of patients including follow up results and response to patient calls” is actually a disadvantage, particularly in light of the authors’ statement

that “residents should never be completely absent from their role as primary care physicians.”

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**Compliance with Ethical Standards:**

**Conflict of Interest:** The authors declare that they do not have a conflict of interest.

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