

# Improving Transitions-of-Care Training for Hospital Medicine Acting Interns

Adam Panzer, MS4 | CUSOM Class of 2022

## Background

- TOC-related medical errors account for >\$12 billion/year in readmission expenditures alone to Medicare
- Medical specialty societies and MedEd accreditation authorities have suggested TOC competencies to be expected of practicing physicians and IM residents
- Most trainees report TOC training occurs “on the job” with adverse outcomes for patients
- Only a handful of TOC curricula have been published for medical students to bring them to or above the competency expected of entering PGY1s

## Aim

- Given the need for trainees pursuing IM/Hospital Medicine to gain knowledge and skills for effective TOCs, develop a curriculum that
  - Is deployable during a 4-week hospital medicine acting internship (AI)
  - teaches AIs evidence-based TOC fundamentals
  - Improves the TOC process for patients discharged from the hospital by AIs

## Proposed Curriculum and Outcome Measures

### Self-Study (1.5 hours)

- Society of Hospital Medicine “Transitions of Care: Out of Hospital” Online CME Module
- Review of Systematic Reviews of Individual TOC Interventions
- AHRQ Review of Comprehensive TOC Models

### Experiential Component

- Observed Discharge Planning Discussions with Patient/Caregivers (>= 2 Encounters/Patients)
- Post-Discharge Follow-Up Call (One Patient)

### Reflective Exercise

- Presentation to Cohort, Course Director

On a scale of 1-5, rate your confidence in your ability to:

- Complete a medication reconciliation with a patient
- Identify important barriers a patient faces when transitioning from the acute inpatient setting to the outpatient setting
- Develop an appropriate follow-up plan for a patient on hospital discharge
- Discuss discharge plans with and provide post-discharge care education to patients and/or their caregivers
- Identify topics to review at post-discharge follow-up to confirm a safe transition from the inpatient setting

#### Discharge Education Observation Tool

Date: \_\_\_\_\_  
Student: \_\_\_\_\_

1. **Patient Education:**  
Major diagnosis & hospital course explained; discussion of alert symptoms included; return to ED or other POB after current episode or problems was

Above expected    Expected    Basic    Needs to improve

2. **Patient-Centered Care:**  
Risks concerns about discharge and home support; assesses ability to carry out plan; social, transportation, medication, etc. addressed; concerns and questions; another patient of communication with other providers; includes family appropriate

Above expected    Expected    Basic    Needs to improve

3. **Medication Reconciliation:**  
Assessment of patient's ability to take meds (strength, quantity, health literacy); medication allergy; needs to be STOPPED (D/C) (continued) and (continued); needs to be STOPPED (continued) and (continued); AHRQ needs completed and be checked for (continued); have to take report (D/C) (not reconciliation) (continued) (continued)

Above expected    Expected    Basic    Needs to improve

#### 4. System-based Practice: (to not observed)

Involvement of team members (SM, DM, PT, etc.) in discharge; follow-up plan communicated with other HCPs; satisfaction and confidence of family; have their require follow-up (i.e. lab, etc.) including when discuss with follow

Above expected    Expected    Basic    Needs to improve

#### 5. Communication Skills:

Appropriate language and terminology; confidence of medical project; use of team-based medical professional/teamwork; non-verbal communication

Above expected    Expected    Basic    Needs to improve

Areas for Improvement/Comments: \_\_\_\_\_

Action Plan: \_\_\_\_\_

\_\_\_\_\_

Have much do you agree? This was a hospital educational experience (5=strongly agree)

Observer: Strongly disagree 1 2 3 4 5 Strongly agree

Student: Strongly disagree 1 2 3 4 5 Strongly agree

Amount of Time observed: \_\_\_\_\_ minutes

## Anticipated Primary Outcomes

- >65% of students with improvement on self-rated confidence in TOC modalities pre vs. post elective
- >65% of students achieving “Expected” or “Above Expected” in Overall Performance on feedback from final observed discharge planning session

## Future Directions

- Incorporate patient feedback into development of AI with controls derived from students opting out of module
- Investigate curricular bridge with MS3 IM clerkship
- Incorporate interprofessional learning with pharmacy, social work, and APP students

## Thanks/Disclosures

- David Klimpl, Co-Director of Hospital Medicine Acting Internship (Research Mentor)
- No affiliations to disclose