

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

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Background: “Transitional care” has been defined as a set of actions designed to ensure the coordination and continuity of health care as patients transfer between different levels of care within the same location. As patients prepare to move from the hospital to other settings, failing to make adequate discharge arrangements can lead to costly and unnecessary hospital readmissions, preventable adverse events, and drug-related errors. While the TOC literature becomes ever more precise about what constitutes a good transition and how they may be achieved in different contexts, there persists a relative paucity of data informing what TOC skills should be expected of medical trainees at different levels and how best to actively teach TOC skills and concepts.

Hypothesis/Aim: I hypothesize that a TOC curriculum built into 4th year IM acting internships (Ais) or electives that incorporate self-study, observed practice, post-discharge follow-up, and personal reflection would meet these criteria. Further, I hypothesize that the practicum involved in such a curriculum could be a means of actively involving students in the improvement of patients’ experience of TOC as they discharge from the hospital and their care. Our aim is to pilot a 4th year IM elective TOC curriculum within the CUSOM Hospital Medicine AI that will 1) improve students appreciation of TOCs as critical moments in patients’ long term trajectories and 2) teach students evidence-based skills that increase the likelihood of safe and effective TOCs.

Anticipated Outcomes: Our primary outcome measures that will inform satisfaction of our aims will be improvement of at least 65% of student’s self-rated confidence in different knowledge areas and skills related to TOCs (e.g. TOC risk factors and ability to perform medication reconciliation) and >65% of students achieving “Expected” or “Above Expected” in feedback from attendings on their final observed discharge planning encounter.

Future Directions: As the curriculum develops, we hope to Incorporate patient feedback into its design through TOC assessment using a standard measure such as the Care Transitions Measure. Assuming success of this iteration, reasonable expansions would include bridges from earlier phases of IM clinical work in student’s third year and incorporation of interprofessional TOC education alongside pharmacy, social work, and APP students.