

Bridging the Transitions Gap: Innovating a Half Day Residency Training Curriculum

Purpose: Patients transition through multiple phases of care – outpatient clinics, ERs, hospitals, inpatient or outpatient rehab, and more – and patients expect their providers to be knowledgeable about all phases of care. Traditional internal medicine training focuses on acute inpatient care. Residents discharge patients to numerous post-acute care facilities and clinics without knowing what capabilities the receiving facility or provider has, given limited to no opportunities to practice in these settings during residency. This can lead to gaps in safe and effective transitions of care and set false expectations for patients. Here we describe an innovative curriculum consisting of clinical rotations in multiple phases of a patient's care to better prepare resident physicians for independent practice

Objectives:

1. Identify gaps in resident education regarding post-acute care
2. Create rotations to broaden experiences in post-acute care
3. Evaluate learner knowledge pre- and post-rotations

Methods:

We conducted a needs assessment to evaluate baseline resident experience and knowledge regarding post-discharge care. Surveyed 9 second-year internal medicine residents in the Hospital Training Program within the Internal Medicine Residency Program

Results: 14% of the 13,309 patients cared for by the Division of Hospital Medicine from 3/8/22 to 3/8/23 were discharged to a facility (Figure 1 and Figure 2). However, resident physicians perceive that 34% were discharged to a facility, with most making remarks about difficulty of facility discharges. Experience working in post-discharge care was limited (Figure 3). Most residents could not identify which post-hospital discharge services are covered under Medicare or Medicaid.

Conclusion: There is a significant knowledge gap in resident education regarding post-acute care options for hospitalized patients. Using the needs assessment along with hospitalist experience, we created 9 unique rotations for Hospitalist Training Program residents to provide hands-on experience in practice settings trainees commonly discharge or refer patients to upon discharge (Figure 4), which includes clinic, METs, Care Clinic, rehab facilities, a virtual health center, and more. Residents spend 4 half days in select rotations during their clinic blocks. Additional rotations pending GME approval: skilled nursing facility, home healthcare and hospice, addiction medicine clinic, homeless shelter and clinic, harm reduction center. We have encountered challenges in establishing this new curriculum and can share ways we overcame them. Next steps include building curricula for each rotation site based on knowledge deficits in needs assessment, continue post-rotations survey to evaluate curriculum per site, and evaluate effectiveness and expand to categorical residents.