

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

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## Background

- 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

## Needs Assessment

- 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

## Needs Assessment 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

Figure 1: Actual Discharge Destination of Hospital Medicine Patients

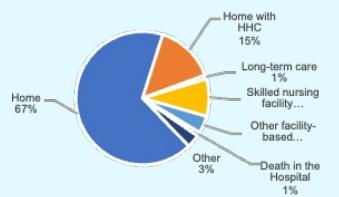
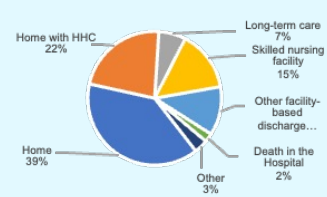


Figure 2: Resident Perceptions of Discharge Destinations of Hospital Medicine Patients



- Experience working in multiple post-discharge care settings was limited (Figure 3)

Figure 3: Percent of Residents Who Worked in Post-Acute Care Facilities or Clinics

Skilled Nursing Facility	22.2%
Home Healthcare Agency	22.2%
Acute Rehabilitation	11.1%
Addiction Medicine Clinics	11.1%
Homeless Clinic	0.0%
Long-term Acute Care Hospital	0.0%

- Most residents could not identify whether acute rehabilitation facilities, home healthcare, home hospice, long-term acute care hospitals, or nursing home services are covered by Colorado Medicaid
- Most residents could not identify appropriate services covered by Medicaid
- Only some residents could identify which post-acute care services were covered by Medicare

### Acknowledgements

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## Curriculum Design

- 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)

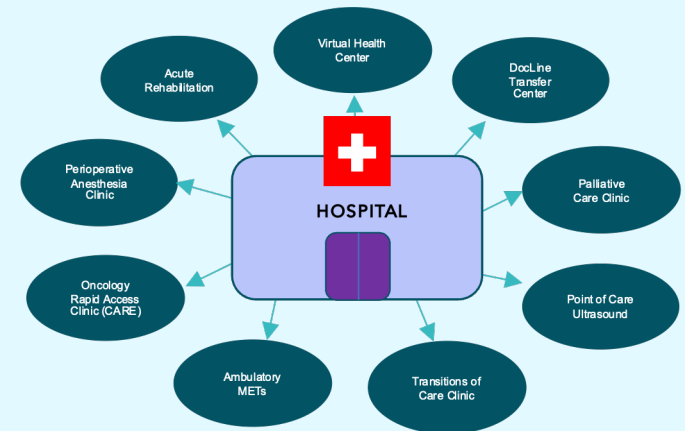


Figure 4: Rotations in Hospitalist Training Program Half Day Curriculum

- 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
- Challenges and approaches to overcome them:
  - GME site approval and funding: approach with a focus on transitions of care, patient safety, and community engagement
  - Establishing preceptors without additional FTE: implement feedback on preceptor performance to include in promotions portfolio

## Current Status and Future Outlook

- Build curricula for each site based on knowledge deficits in needs assessment
- Administer post-rotations survey to evaluate curriculum per site
- Evaluate effectiveness and expand to categorical internal medicine residents