

Rotation Description

Transitions of Care Across the Continuum of Care

I. General Information

- a. **Rotation Length:** Two weeks.
- b. **Course Director:** William J. Yost, MD
- c. **Faculty Physicians and Educators:** General Internal Medicine Faculty; Dr. Robert Rondinelli; and Deb Cosgrove, RN
- d. **Restrictions:** This rotation is limited to second and third year categorical residents in internal medicine, unless approved by the program director. No resident will be allowed to complete more than two weeks of this rotation without express permission of the program director.

II. Orientation

- a. The resident will meet with Dr. Yost the week preceding the rotation to discuss the rotation, goals and objectives, and the operations of the rotation.
- b. The resident is to contact the internal medicine department secretary, Gina Fletcher, at 241-5995 in order to arrange a brief meeting with Dr. Yost.

III. Rotation Description

- a. **Educational Goals and Purpose:** On this rotation, residents will have the opportunity to observe and facilitate transitions of care for patients assigned to the internal medicine teaching service. The purpose of this rotation is to expose residents to the systems and processes involved in transferring a patient from one level of care to another, e.g. from the teaching service to the rehabilitation service, or from the hospital to home or a care facility. The resident will be able to gain an appreciation for the complexity of the system and the processes, and the role that effective communication, hand-offs and medication reconciliation play in delivering the best patient care. Furthermore, the resident will learn what resources and capabilities are available in care facilities and on a state-of-the-art rehabilitation service.

b. Principal Objectives: On the completion of this rotation, the resident should be able to:

- i. Understand the processes involved in discharging a patient to another level of care, including the processes involved in admitting the patient to that new level of care.
- ii. Recognize the importance of clear, detailed, and accurate written information in effecting a patient handoff safely and effectively.
- iii. Understand the importance of medication reconciliation and how to complete this correctly.
- iv. Know the resources available to patients and physicians in a care facility, both intermediate and skilled, and on the rehabilitation service.
- v. Gain an appreciation for the challenges and processes involved in returning a patient home under the direction and care of a home health nursing service.
- vi. Be able to identify and evaluate system and individual provider issues when there is an unintended or adverse event associated with a patient's transition of care, and be able to propose a solution or remedy to the identified problem.

c. Principal Teaching Methods: The principal teaching methods will include guided observation, discussion, and reflection. The resident will be expected to keep a record of his or her experiences, using a journal format and in compliance with all policies related to patient confidentiality. If and when a resident identifies an adverse or unintended event associated with a patient's transfer of care, he or she will write a brief summary detailing the event, analyze the event, and, where appropriate, recommend a solution or remedy to the problem. The resident will submit this journal and summary, if written, to Dr. Yost.

d. Principal Teaching Format: The resident will observe the transitions of care that result in patients on the internal medicine teaching service at Iowa Methodist Medical Center. Through observation on internal medicine teaching rounds, and coordination with the home health nursing service, the resident will identify

patients to be discharged or transferred to a care facility, home, or to the Rehabilitation Service at IMMC. Residents will have the opportunity to follow patients from the hospital to the care facility, the patient's home, or the Rehabilitation Service, and observe their admission to those facilities or service. Furthermore, through coordination with home health nursing, the resident will have the opportunity to accompany the home health nurse to the patient's home on discharge for the initial visit. In addition, the rotation will include a focused experience on the Rehabilitation Service at IMMC. Residents will observe the admission of patients to the rehabilitation service, participate in interdisciplinary rounds, and discuss selected cases with Dr. Robert Rondinelli or his designee.

- e. **Educational Content:** The resident will learn and understand the systems and processes involved in effecting the safe transition of care of adult patients on an internal medicine service back to their homes, or to either a care facility or an inpatient rehabilitation service.
- f. **Educational Materials:** There is no syllabus for this rotation.

IV. Competency Specific Learning Objectives

- a. **Patient Care:** The resident will have limited direct patient care responsibilities on this rotation. The resident will observe the care provided by the internal medicine teaching service, and see the translation of that care in another level of care. In that role, the resident may clarify any questions that arise and ensure an effective transition of care. The resident will also assist in the evaluation and management of patients on the rehabilitation service under the direction of Dr. Rondinelli.
- b. **Medical Knowledge:** On this rotation, the resident will acquire and demonstrate the knowledge of the systems and processes in place to effect a safe and effective transition of the patient from the hospital to another level of care.
- c. **Practice Based Learning and Improvement:** Residents will demonstrate the ability to reflect upon each patient's experience in making transitions from one level of care to another, and record those reflections in a journal. Residents will demonstrate the ability to identify and analyze adverse or unintended events, and the ability to develop and offer rational solutions or remedies to the issues or problems that are identified.
- d. **Interpersonal and Communication Skills:** The resident will demonstrate respectful and effective communication skills, particularly in the context of working with other

professionals on an interdisciplinary team, and with the patient and his or her family in the context of the transition of care.

- e. **Professionalism:** The resident will conform at all times to the highest standards of professionalism on this rotation, and demonstrate reliability, concern for the safety and well-being of the patient, and compliance with all program and institutional policies related to confidentiality.
- f. **Systems Based Practice:** Residents will demonstrate an understanding of the processes involved in effecting a safe transition of care for a patient from one level of care to another. Residents will understand the importance of accurate medication reconciliation, and how to accomplish this correctly. Residents will demonstrate an understanding of the resources available to patients and physicians in the different settings in which care is provided, and how to coordinate an interdisciplinary team.
- g. **Entrustable Professional Activity:** This experience will provide the resident with the knowledge, skills, and attitude to help effectively manage transitions of care for patients across the continuum of care.

V. Operations of the Rotation (What You Need to Know)

- a. **Lines of Supervision and Responsibility:** The resident will be supervised indirectly by the Program Director on this rotation, and will meet with the Program Director weekly to discuss the rotation and review the journal kept by the resident. While on the Rehabilitation Service, the resident will be directly or indirectly supervised by Dr. Rondinelli or his designee. The resident will have the opportunity to follow patients to their homes upon discharge in conjunction with Iowa Health Home Nursing, and will be under the direct or indirect supervision of Deb Cosgrove, RN, during that component.
- b. **Duty Hours:** The resident will join the Teaching Service for rounds at 9:00 AM, and complete rounds no later than 12:00 PM, on Mondays, Wednesdays, and Thursdays. The resident will attend rounds and interdisciplinary team meetings on Tuesdays and Fridays. During the afternoons, residents will see selected patients that are discharged to the rehabilitation service at IMMC, a nursing home in the Des Moines area, or to the patient's home. When the resident follows a patient to the nursing home, the resident will contact the charge nurse at the nursing home to confirm the time of the patient's arrival, and observe the admission of the patient to the nursing home. When the patient is discharged home, the resident will make arrangements with Iowa Home Health Nursing to arrive at the patient's home when the nurse

arrives. Residents will complete their days no later than 5:00 PM. There are no weekend or holiday duties. There is no call associated with this rotation.

- c. **Continuity of Care Clinic:** The resident will continue to participate in Continuity of Care Clinic during this rotation.

VI. Evaluation

- a. Evaluations will be completed using the standard assessment tools used by the residency program, using competency specific language as described in the objectives above, and the evaluation will be completed by the rotation director or his designee using e-Value. The evaluation will be based upon assessment of clinical performance, achievement of the objectives described above, and satisfactory completion of the journal.

William J. Yost, MD FACP
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