Abstract 32

Title: It's Bigger than Just the Visit: A Resident and Faculty Ambulatory Transition of Care Curriculum

Problem/Needs Assessment.

Hospital systems are being challenged to reduce readmission rates and improve transitions of care. We observed that the initiatives primarily targeted transitions of care at the point of hospital discharge. Our literature review yielded a paucity of articles on ambulatory transition of care and identified few curricula developed around the post-discharge follow-up visit. As educators, it is essential that we provide medical learners with tools to re-integrate patients into their community and medical home.

Program Objectives:

- 1. To integrate a resident and faculty ambulatory transition of care curriculum into training
- 2. To actively engage residents in clinic through a preceptor prompt tool
- 3. To utilize a template to better standardize hospital follow-up visits

Description of Program:

An innovative curriculum was developed for residents and faculty to improve the post-discharge follow-up visit. Interns, residents, and faculty participated in STAR (Safe Transitions Across caRe) educational seminars. The seminars incorporated a combination of presentations, large group discussion, and small group break-out sessions to examine strategies to improve hospital follow-up care. We developed an educational support tool in the form of a pocket card. Learners also explored use of a visit template to improve patient safety and quality of the hospital follow-up visit.

Evaluation/Assessment.

The pre and immediate post evaluation demonstrated an increase from 43 to 96% of residents feeling highly skilled in the key components of hospital follow-up visits. Faculty completed a pre and immediate post survey. Faculty data revealed that 69% had received no prior training on how to teach hospital follow-up. The pre and immediate post evaluation demonstrated an increase from 54 to 86% of faculty feeling highly skilled (4 to 5 on Likert scale) in teaching residents the key components of hospital follow up visits.

Conclusions and Lessons Learned:

The hospital follow-up visit is a critical bridge for a successful transition and reintegration of the patient into their community. Learning to transition patients safely across clinical domains is a critical part of patient care. To date there has been limited curricula developed that emphasize the ambulatory component of transitions of care management and we identified a clear need for education of learners as well as faculty.