Found in transition: Applying milestones to three unique discharge curricula

Introduction: A safe and effective transition from hospital to post acute care is a complex and important physician competency. Milestones and Entrustable Professional Activities (EPA) form the new educational rubric in Graduate Medical Education Training. 'A safe and effective discharge from the hospital' is an EPA ripe for educational innovation. Methods: The authors collaborated in a qualitative process called, mapping, to develop a Q-sort exercise to be distributed to participants at an Association for Program Directors in Internal Medicine (APDIM) workshop on milestones for transition of care. We analyzed the Q-sort results to rank the milestones in order of priority. We then applied this ranking to 3 innovative transitions of care curricula: Simulation (S), Discharge Clinic Feedback (DCF) and TRACER (T). Results: We collected 55 game boards from faculty units at the APDIM workshop. We report the prioritized milestones by Q-sort from the APDIM workshop. From the total 22 milestones, the simulation innovation identified 5/22 milestones, discharge clinic 9/22 milestones and tracer 7/22 milestones related to the EPA. Milestones identified in each innovation related back to one of the top eight prioritized milestones 75% of the time; thus more frequently than the milestones with lower priority. Discussion: We demonstrated that three unique innovations in transitions of care map to the top prioritized Q-sort milestones related to that EPA. Milestones for competency based assessment can be used to guide the development of innovative curricula in transition of care medicine.

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2   Found in transition: Applying milestones to three unique discharge curricula
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43   Found in transition: Applying milestones to three unique discharge training curricula
44

45   ***Introduction:***

46

47   The ability to safely and effectively manage transitions of care represents a critical new

48   competency for today's internist. Brought to light by the increasingly prevalent separation

49   between inpatient and outpatient services, the medical literature continues to demonstrate that

50   poorly managed transitions of care result in significant medical errors, decreased patient

51   satisfaction and poor patient outcomes (Jenchks 2009; van Wlraven 2002; Kripalani 2007;

52   Forster 2003). Coleman et al describe the fragmentation of care in a landmark paper with the

53   ominous title "Lost in Transition" (Coleman, 2004).

54

55   While practicing internists attempt to master their own transfer of care skills, the academic

56   medical community is challenged by the need to identify and incorporate these skills into an

57   effective transition of care curriculum for trainees. Discharging patients from the hospital, a

58   major transition of care event, is a daily occurrence in the lives of Internal Medicine house-staff,

59   yet medical literature guiding the training, supervision and evaluation of this critical event is

60   limited. Several studies have highlighted innovative curriculum surrounding transitions of care.

61   Self-audits of resident discharge summaries (Dinescu 2011; Talwalkar 2012) and feedback about

62   the discharge summary (Myers 2006; Legault 2012) improved discharge summary targets. A

63   discharge 'time out' (Coit 2010) and reduced house-staff workload also improved discharge

64   summaries (Mohta 2012). A web-based module utilizing a well-designed teaching case

65   emphasized the importance of communication in the transition (Eskildsen 2010). A qualitative

66   study of the resident perspective on the interdisciplinary nature of teamwork revealed "learning

67   by doing" as the foremost theme in 2 residency programs (Greysen 2012).   A medical student

68   curriculum using experiential learning that follows a patient through the transition improved

69   confidence (Lai 2008) and was found to be both feasible and effective (Bray-Hall 2010).

70

71   Beyond the challenge of developing a program for training physicians in a new patient care

72   venue, academic internists are facing increasingly rigorous standards for measureable training

73   outcomes. Milestones and Entrustable Professional Activities (EPAs) are an evolving

74   framework for defining the competence of medical trainees. Milestones are discrete observable

75   behaviors that demonstrate the competence (Green 2009). An EPA is an activity that constitutes

76   the mass of critical elements or knowledge, skills and attitudes (KSAs) that operationally define

77   a profession (Ten Cate 2007; Hauer, 2014). The theory of milestones and EPAs have been well

78   described and are beginning to be adopted as best practice goals for IM residency programs but

79   there are few examples in the medical literature illustrating how to effectively turn this

80   educational theory into practice (Nasca 2012; Schmacher 2013).

81

82   The KSAs needed to accomplish a high quality discharge are both complex and challenging thus

83   ripe for the application of this new paradigm of milestones and EPAs. The authors of this report

84   created three unique curricula in transitions of care training of medical resident in their separate

85   institutions prior to 2009, in other words, prior to the publication of the curricular milestones

86   (Green 2009). With a call for using milestones for standard setting, we embarked on a standard-

87   setting process for applying milestones to our three transitions of care curricula across

88   institutions.

89 In 2011, the authors presented an APDIM workshop on the transition of care (Meade 2011) both

90 to describe the individual transitions of care at our institution and to discuss and collect data on

91 workshop participants prioritization of milestones for transitions of care and specifically the

92 EPA, "A safe and effective discharge from the hospital." After analyzing the Q-sort data we

93 reflected back on our original curricula, using the prioritized milestones as a gold standard to

94 compare and contrast our transition of care program curriculum. This report describes three

95 curricula in the transition of care, the results of the group Q-sort and the application of the

96 prioritized milestones back to the curricula as a way to compare and contrast curriculum in for

97 training in an EPA.

98

99 ***Methods:***

100

101 Mapping milestones

102 The authors collaborated in a qualitative process called mapping, to develop a Q-sort exercise for

103 workshop participants related to the EPA, 'A safe and effective discharge from the hospital".

104 First, we individually choose 22 milestones of the 142 curricular milestones set that applied to

105 the EPA. Then, over three months, we discussed and deliberated our choices in the group

106 process, in three rounds, until there was agreement on the 22 curricular milestones most related

107 to the EPA. Using these 22 milestones we created a Q-sort exercise to distribute and collect at

108 an APDIM workshop. For the exercise we created cards with curricular milestone on the front

109 and an example of the milestones as it applies to the EPA on the back. In a similar iterative

110 process we also mapped curricular milestones to our individual curricula.

111

112   Prioritizing milestones

113   We distributed the Q-sort exercise for this EPA to participants at the APDIM workshop.

114   Participants were Internal Medicine program faculty who worked in groups of 2-3, called

115   participant units, to prioritize the milestones for the EPA.   Participants were given instructions

116   on how to rank the milestones by Q-sort methodology. Q-sort methodology enables researchers

117   with some limitation to study subjectivity using a combination of qualitative and quantitative

118   methods (Kampen, 2013). It prioritizes the opinions of an observer (Brown, 1996) and provides

119   an organized means of identifying priorities and areas of divergent opinions among a group

120   (Valenta, 1997).In a Q-sort, the observer rank-orders a set of statements from most important to

121   least important, using an inverted quasi-normal distribution (Brown, 1996; van Exel, 2005). The

122   sample of statements (the Q sample) may represent an existing framework, in this case the 22

123   milestones related to the EPA (Brown, 1996; van Exel, 2005). Thus, the statements are the unit

124   of analysis; the number of observers is less important than is their theoretical relevance to the

125   topic (Valenta, 2997). Once sorted, statements are analyzed by rank category with a standard

126   deviation. The Q-sort method uses a mathematical substructure to reveal priorities of subjective

127   viewpoints of the observers. The results of the Q-sort can be used to describe the sample of

128   viewpoints, in this case in terms of prioritization of milestones, rather than the sample of

129   observers (van Exel, 2005).

130   We analyzed the Q-sort results by calculating the mean rank order of milestones by faculty units.

131   With this mean ranking we listed the milestones in order of priority. We identified the top 8

132   milestones because, by Q-sort methodology, the top 8 milestones confer those milestones more

133   than neutral status in the normal distribution. We calculated the proportion of milestones used of

134   the total 22 milestones in the curriculum for each program. With each innovation we calculated

135   the proportion of milestones that were in the top 8 compared to the total. We then considered the

136   milestones in common between curricula both in the total 22 milestones and in the top 8

137   milestones to look for trends.

138

139   ***Results***

140   First we will describe the milestones as they were mapped to each transitions of care program.

141   Then we will describe the Q-sort exercise results. Finally we will reflect on our individual

142   curricula using the prioritized milestones as a standard for curriculum.

143

144   ***Mapping Milestones***

145   In this section we will briefly describe the individual transitions of care curricula and the results

146   of mapping the milestones to each program.

147

148   Simulation

149   SIU is a small University program in Springfield Illinois with one academic ambulatory site and

150   two affiliate hospitals. During an Objective Structured Systems-Interaction Exam or

151   simulation, residents are observed discharging a patient from the hospital and evaluated on how

152   well they demonstrated the following observable behaviors: Use of the Situation, Background,

153   Assessment, Recommendation format to notify the Anti-Coagulation clinic of the patient's

154   Warfarin levels and dose, Use of Electronic Health Record to document medication changes,

155   Use of the Hospital's medication reconciliation form and Legibility and Accuracy of written

156   prescriptions. Five of the 22 curricular milestones are identified for the simulation curriculum:

157   PC C1, Synthesize all available data; IPC A5, Utilize patient-centered education strategies;

158   IPC F2, Ensure succinct, relevant, and patient-specific written communication; P A1,

159   Document and report clinical information truthfully; SBP B1, Appreciate roles of a variety of

160   health care providers.

161

162   Discharge clinic feedback

163   Hennepin County Medical Center is a moderate sized academic training program in

164   Minneapolis, Minnesota with one ambulatory clinic and one hospital affiliate. This innovation

165   targets the nine primary care track residents in the program. A discharge clinic feedback

166   provides patients with pharmacist assisted medication reconciliation, lab and radiology testing

167   follow-up and appointment confirmation.   The resident evaluates the quality of the discharge

168   and gives feedback to the ward team resident who discharged the patient. This evaluation

169   includes direct feedback from the patient regarding the discharge processes as well as structured

170   feedback on the written discharge summary. Nine of the 22 curricular milestones are identified

171   for the discharge clinic feedback curriculum: SBP A2, Manage and coordinate care and care

172   transitions across multiple delivery systems; IPC A5, Utilize patient-centered education

173   strategies; IPC F2, Ensure succinct, relevant, and patient-specific written communication; PC

174   F10, Customize care in the context of the patient's preferences and overall health; PC C3,

175   Modify differential diagnosis and care plan based upon clinical course and data as appropriate;

176   PC B2, Accurately track important changes in the physical examination; P D2, Carry out timely

177   interactions with colleagues, patients and their designated caregivers; PBLI F1, Respond

178   welcomingly and productively to feedback from all members of the health care team; PBLI A3,

179   Reflect on audit compared with local or national benchmarks.

180

181   Tracer

182   Baystate Medical Center, Springfield MA, is a moderate sized academic training program with

183   one academic ambulatory site and one large hospital affiliate. In a two-week experiential block

184   rotation, the TRAnsitions of Care Rotation (Tracer) follows the ward team patient into the Post-

185   Acute Care (PAC) settings including home, rehabilitation, and long-term care. Follow up

186   includes a visit to the patient in PAC and a formal assessment of the transition, using tools

187   modified from the transition of care literature. This data is communicated in aggregate to the

188   hospital PAC Performance Improvement team, to the ward team, at inter-professional attending

189   rounds, and at morning report. Seven curricular milestones are identified for the Tracer

190   curriculum: IPC C1, Effectively communicate with other caregivers during transitions of care;

191   SBP A2, Manage and coordinate care and care transitions across multiple delivery systems.; IPC

192   D3, Engage in collaborative communication with all members of the health care team; IPC A5,

193   Utilize patient-centered education strategies; IPC F2, Ensure succinct, relevant, and patient-

194   specific written communication; PC F10, Customize care in the context of the patient's

195   preferences and overall health; SBP B1, Appreciate roles of a variety of health care providers.

196

197   **Prioritizing and applying milestones**

198   We collected 55 game boards from faculty units at the APDIM workshop.   We report the

199   prioritized milestones by Q-sort from the APDIM workshop (Table 1) on transitions of care. The

200   priority range for the top eight prioritized milestones is 4.2 – 5.7 (SD 0.97 -1.84). From the total

201   22 milestones, the simulation innovation identified 5/22 milestones, discharge clinic 9/22

202   milestones and tracer 7/22 milestones related to the EPA. We considered two tiers of milestones.

203   We emphasize the top eight milestones in our analysis for reasons described in the methods.

204 Milestones identified in each innovation related back to one of the top eight prioritized

205 milestones 75% of the time; thus more frequently than the milestones with lower priority. Four

206 of the top eight milestones were shared by curricula. Two milestones are shared by all three

207 curricula: IPC A5, utilize patient-centered education and IPC F2, ensure succinct, relevant, and

208 patient-specific written communication. Two other milestones are shared by two curricula: SBP

209 A2, Manage and coordinate care and care transitions across multiple delivery systems and PC

210 F10, Customize care in the context of the patient's preferences and overall health. Alternatively,

211 few milestones are in the lower priority milestones set and there is only one milestone shared by

212 more than a single program in the lower priority milestones ie SBP B1, appreciate roles of a

213 variety of health care providers, including, but not limited to, consultants, therapists, nurses,

214 home care workers, pharmacists, and social workers. If you combine the three innovations

215 together, all of the top eight milestones are included.

216

217 ***Conclusion:***

218 In a learning community of innovative educators, we identified the transition of care curriculum

219 as important, largely lacking, and challenging to develop. Three curricula mapped their

220 individual program innovations to the new assessment framework of milestones related to the

221 EPA "A safe and effective discharge from the hospital." We found that the milestones in our

222 individual curricula had a strong correlation with milestones identified for our chosen EPA,

223 using a Q sort derived standard.

224

225 A limitation of this collaboration is its retrospective look at innovation in a new framework.

226 The retrospective aspect is a historical phenomenon ie these curricula existed prior to the

227   milestones framework. Although non-traditional, this retrospective look allows for an inquisitive

228   matching of milestones across program innovation. Another limit is that the authors each rated

229   the milestones associated with their own program without a peer or participant checker or a

230   group vetting process. Nonetheless, there is no other literature in comparing innovative curricula

231   in a specific EPA in the context of the milestones. This work is useful for future prospective

232   work on educational assessment of the Transition of Care.

233

234   The transition of care remains a challenge to the patient, the health care system and to training

235   programs. Tools related to the assessment of "a safe and effective discharge from the hospital"

236   help narrow the current training gap. Programs may apply one or all of the transitions of care

237   curricula described.   Alternatively, programs may consider applying the top 8 milestones

238   defined by the prioritization method, Q-sort, to an already existing program in transition of care;

239   thereby, assessing the relevance of their curriculum to a benchmark. Establishing a list of

240   milestones for an EPA can occur siloed at each individual program or in collaborative groups.

241   The Q-sort method may have a role the process as we develop standards for EPA in medical

242   education. Milestones are a new training rubric for measurable outcomes and competency based

243   promotion. We need innovative ways to apply milestones and EPA's to curriculum (Hauer

244   2013). The milestones give us a context to share individual innovations and compare and

245   contrast using a standardized frame.

246

247

248 *Perspective viewpoints:*

249

250 ▪ The Entrustable Professional Activity (EPA), a safe and effective discharge from the
251   hospital, is ripe for educational innovation and collaboration.
252 ▪ Using Q-sort methodology to prioritize curricular milestones for this discharge EPA, we
253   compare and contrast three unique discharge curricula: simulation, discharge clinic and
254   tracer.
255 ▪ We demonstrate that the three unique discharge curricula in aggregate capture all of the
256   highest prioritized milestones for this discharge EPA.

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Table 1: Milestones for the EPA "A safe and effective discharge"

	Priority	SD	Milesotnes Abbreviated	Example	Top 8 Q-sort		S	DCF	T
IPC C1	5.78	0.97	Effectively communicate with other caregivers during transitions of care	Communicates with the PCP or nursing home at discharge.	X				X
SBP A2	5.52	1.16	Manage and coordinate care and care transitions across multiple delivery systems.	Works with the case manager to make appropriate decisions about where a patient should go after discharge ie home with nursing services or to a nursing home.	X			X	X
PC C1	4.89	1.25	Synthesize all available data	Able to synthesize a complicated hospital course.	X		X		
IPC D3	4.74	1.35	Engage in collaborative communication with all members of the health care team	Seeks out the nurse and case manager about the plan for discharge.	X				X
IPC A5	4.56	1.63	Utilize patient-centered education strategies	Explains the primary diagnosis to the patient at discharge and uses teach back to check for understanding.	X		X	X	X
IPC F2	4.48	1.31	Ensure succinct, relevant, and patient-specific written communication	A succinct discharge summary with key components.	X		X	X	X
P A1	4.48	1.85	Document and report clinical information truthfully	Really did call the pharmacy to confirm the medication list if they say they have.	X		X		
PC F10	4.26	1.20	Customize care in the context of the patient's preferences and overall health	Offers home care or nursing home care depending on patient preferences.	X			X	X
PC C3	4.15	1.17	Modify differential diagnosis and care plan based upon clinical course and data as appropriate	If the patient is admitted with presumed pnemonia but the clinical course is consistent with CHF then this resident identifies CHF as the final diagnosis and is able to explain why it is not pneumonia.				X	
P i1	4.15	1.29	Treat patients with dignity, civility and respect, regardless of race, culture, gender, ethnicity, age or socioeconomic status	Makes special accommodations for a homeless patient such as having social work assist with clothing, food and/or shelter.					
PC B2	3.96	1.22	Accurately track important changes in the physical examination	Documents the mental status physical exam upon discharge for a patient admitted with altered mental status.				X	

356

357 Table 1: Milestones for the EPA "A safe and effective discharge" (continued)
358

	Priority	SD	Milestones Abbreviated	Example	Top 8 Q-sort		S	DCF	T
PC A2	3.93	1.17	Seek and obtain appropriate, verified, and prioritized data from secondary sources	Verifies the medication list with the pharmacy or PCP.					
P D2	3.74	1.16	Carry out timely interactions with colleagues, patients and their designated caregivers	Completes the discharge summary within 24 hours of discharge.				X	
MK A9	3.70	1.14	Demonstrate sufficient knowledge of socio-behavioral sciences	Has the knowledge that a patient without health insurance may have many barriers to transition of care such as cost of medications, access to PCP, and poor health literacy.					
IPC A4	3.70	1.27	Engage patients/advocates in shared decision-making for uncomplicated diagnostic and therapeutic scenarios	Checks with the patient about the convenience of the follow up appointment.					
SBP B1	3.58	1.30	Appreciate roles of a variety of health care providers	Uses the home nurse for to assist with education of the primary diagnosis and medication reconciliation after discharge.			X		X
PBLI F1	3.50	1.17	Respond welcomingly and productively to feedback from all members of the health care team	Responds to nursing concerns about readiness for discharge.				X	
IPC E3	3.50	1.21	Communicate consultative recommendations to the referring team in an effective manner	Includes the name and recommendations of a consultant in the discharge summary.					
SBP E3	3.41	1.47	Demonstrate the incorporation of cost-awareness principles	Uses the antibiotic that is most appropriate but also affordable to the outpatient at discharge.					
P J1	3.11	1.45	Maintain patient confidentiality	Knows to get permission from the patient or their health care proxy to disclose any medical information.					
P F7	2.54	1.27	Recognize the need to assist colleagues in the provision of duties	A supervising resident who does a discharge for an intern because it is too complex for that intern.					
PBLI A3	2.41	1.12	Reflect on audit compared with local or national benchmarks	Is aware of the high risk concerns for re-admission.				X	

359

360 Abbreviations: Interpersonal communication (IPC), Systems based practice (SBP) , Patient care (PC),

361 Professionalism (P) , Medical knowledge (MK), Problem based learning and improvement (PBLI),

362 Simulation (S) , Discharge clinic feedback (DCF), Tracer (T)

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364