Teaching Guide: “Are Your Learners Ready to Hold the Admission Pager?”: Building a Resident Curriculum for Triage and Disposition Decision-Making

1. Resources:
   a. Hospital Triage Communication E-module

2. Introduction/Background:

In the context of Internal Medicine (IM), "triage" refers to a constellation of activities related to determining the most appropriate disposition/management plans for patients. Triaging occurs across the care continuum and represents entrustable professional activities and skills across multiple ACGME domains that internists must master for patient safety and appropriate utilization of healthcare resources.

After ACGME implemented resident duty hour restrictions in 2003, many activities and duties have been transitioned from resident learners to staff physicians. This has created a gap in skills and knowledge in IM resident training. In a recent ACGME Common Program Requirements update in 2011, one of the guiding principles in the Duty Hour reform states “essential responsibility of the institution to ensure safe transitions in care and supervision of residents/fellows appropriate to their level of demonstrated competence”; however, despite transitions of care being one of the pieces required for competency in triaging, there is not a defined curriculum or resources available. Pilot data indicate that residents perceive the triage skill-set as necessary and feel they currently lack training in this area. Graduates of residency programs feel unprepared and are expected to perform triage duties in their practices; thus leading to variable “on the job training”.

Our module aims to provide IM residency programs an opportunity to introduce the concepts central to interprofessional communication around this patient care transition.

3. Learning objectives/Goals:

At the end of this module, learners will be able to:

   a. Compare and contrast the priorities of care between Hospital Medicine and Emergency Medicine providers
      i. Patient throughput
      ii. Diagnostic certainty
      iii. Reporting metrics
   b. Identify factors that promote collaborative interprofessional relationships
      i. Familiarity

    ii. Trust
    iii. Interpersonal skills
  c. Describe elements of an effective, inter-unit handoff of care between emergency and inpatient providers
    i. Situational awareness
    ii. Handoff structure and content
    iii. Closed-loop communication

4. Implementation Advice
  a. Review the teaching guide approximately 2 weeks before meeting with the residents
  b. View E-module approximately 1 week before meeting with the residents
    i. Familiarize yourself with E-module, review the videos imbedded within the E-module
    ii. Review pertinent literature and references (listed below)
  c. Distribute E-module approximately 1-2 weeks prior to meeting with the residents
    i. Provide the web address to the E-module including login/registration information and instruct residents to view the E-module prior to meeting
    ii. Have residents record behaviors observed in the first video that positively and negatively impact the quality of communication
    iii. After completing the E-module and watching the second video, have residents highlight newly learned concepts demonstrated in the second video
    iv. Instruct residents to complete the questions at the end of the E-module and be prepared to discuss their responses
  d. Meet with residents to discuss and re-enforce the factors that determine effective interprofessional communication
    i. Dedicate 1-2 hours depending on size of group.
    ii. Consider starting the meeting by watching 1st video from the E-module
    iii. Have residents participate in reflective writing and/or small group sessions to highlight the objectives/goals listed above
      1. Reflective writing: This could be a guided exercise with learners writing thoughts in narrative format on interprofessional communication for this patient care transition, but also expanding beyond this transition
      2. Small group discussion: This would best take place in a group session with the faculty facilitating discussion regarding the interactions in the e-module. If your learners do not have any examples, faculty could share their own.
        a. Possible questions to consider for first interaction/video:
          i. Have you had interactions like the first one?
          ii. Reflecting on the interaction, what could you have done to improve the interaction?
          iii. Were there systems issues that played a role?

            iv. Are there changes that can be made to improve the process?
        b. Possible questions to consider for second interaction/video (watch 2nd video before):
            i. How was the second interaction different?
            ii. Did you see ways it could have further improved?
            iii. Have you had or witnessed similar interactions by colleagues or faculty you would like to share and emulate?
    iv. If haven't watched the 2nd video from E-module, consider replaying to re-enforce what was discussed in the above session
    v. Take included test and review answers
    vi. Provide list of references for guided and/or independent reading

5. References

a. Beach, C, et al. Improving Interunit Transitions of Care Between Emergency Physicians and Hospital Medicine Physicians: A Conceptual Approach. *Academic Emergency Medicine* 2012; 19:1188-1195
b. Chan, T, et al. Understanding the Impact of Residents' Interpersonal Relationships During Emergency Department Referrals and Consultations. *Journal of Graduate Medical Education*. December 2013:576-581
c. Kessler, C, et. al. Consultation in the Emergency Department: A Qualitative Analysis and Review. *Journal of Emergency Medicine* 2012; 42:704-711
d. Chan, T, et. al. Conflict Prevention, Conflict Mitigation, and Manifestations of Conflict During Emergency Department Consultations. Academic Emergency Medicine; 21:308-313
e. Nichani, S, et al. The core competencies in hospital medicine: A framework for curriculum development by the society of hospital medicine. *Journal of Hospital Medicine,* 2006,2017: iii–iv. doi:10.1002/jhm.72