Teaching Guide: "Are Your Learners Ready to Hold the Admission Pager?":
Building a Resident Curriculum for Triage and Disposition Decision-Making –
Systems-Based Practice

1. Resources:
    a. Hospital Triage and Systems-Based Practice E-module
    b. Nebraska Flow/Triage sheet
    c. VA Triage Decision Guide
    d. Olive View – UCLA Triage Sheet

2. Introduction/Background:

In the context of Internal Medicine (IM), "triage" or "triaging" refers to a constellation of activities related to determining the most appropriate disposition/management plans for patients. When triaging, residents must skillfully navigate patient encounters with effective interprofessional communication, make appropriate evidence-based medical decisions, and coordinate care amongst complex and diverse healthcare systems. Therefore, triaging occurs across the care continuum and represents entrustable professional activities and skills from multiple Accreditation Council for Graduate Medical Education (ACGME) competencies. Triaging requires proficiency in these competencies in order to allocate scarce resources, prevent medical errors, and above all, ensure patient safety.

After ACGME implemented resident duty hour restrictions in 2003, many activities and duties were transitioned from resident learners to staff physicians. This has created a gap in skills and knowledge in IM resident training. Our collaborative group was formed with the aim of providing a foundation for residency programs to build their own triage curriculum based on their institution's specific needs. The current goal of this teaching guide is to provide guidance to faculty physicians on how to introduce and implement a triage curriculum for their residents that is focused on understanding systems-based practice and health care systems. Alternatively, this teaching guide can be used by early-career physicians unfamiliar with the concepts of triaging. Of note, much of systems-based practice and understanding health care systems is specific to your home institution. This e-module and guide are intended as a general overview.

3. Learning Objectives/Goals:

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

    a. Describe systems-based practice for the triagist
        i. Complexity of health care systems

    ii. Elements of health care systems

    iii. Systems thinking

  b. Define clinical microsystem and the role of the triagist within it

    i. Framework of a clinical microsystem

    ii. Triaging in a clinical microsystem

    iii. 5 essential elements of a clinical microsystem

      1. Purpose

      2. Patients

      3. Professionals

      4. Process

      5. Patterns

  c. Recognize the purpose of utilization management criteria

    i. Levels of care

    ii. Patient-level effects

    iii. Health care system effects

4. Implementation Advice

  a. Review the teaching guide approximately 2 weeks before meeting with the residents

  b. Enlist assistance from your local utilization team to define institution-specific patient flow pathways, service agreements, admission criteria, etc.; consider providing examples

  c. View e-module approximately 1 week before meeting with the residents

    i. Familiarize yourself with the e-module, review the videos imbedded within the e-module

    ii. Review pertinent literature and references (listed below)

  d. Distribute the 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. Prior to viewing the e-module, have residents list the essential elements/parts of a healthcare system and the different levels of care to which patients can be admitted

    iii. Have residents complete the e-module, taking notes and making observations from the videos

    iv. After completing the e-module, have residents highlight newly-learned concepts

    v. Instruct residents to complete the knowledge assessments before/after the e-module and be prepared to discuss their responses

  e. Meet with residents to discuss and highlight the various components in understanding systems-based practice and health care systems; emphasize your home institution's practices

    i. Dedicate 1-2 hours depending on size of group

    ii. Consider starting the meeting by allowing residents to share their ideas on the essential elements/parts of a healthcare system; may even consider an illustration if a resident is willing

iii. Have residents participate in reflective writing and/or small group discussion to highlight the objectives/goals listed above

    1. Reflective writing: This can be a guided exercise with learners writing thoughts in narrative format on the specific systems-based challenges or barriers of triaging in a rural community hospital, a private hospital, an academic institution, etc.; faculty may share some of their experiences to provide examples to the residents; alternatively, residents can reflect on a specific systems-based process that impacted patient care

    2. Small group discussion: This would best take place in a group session with the faculty facilitating discussion regarding the key concepts in the e-module

        a. Have residents define a clinical microsystem and the 5 Ps of a clinical microsystem; consider watching first video to highlight this

            i. May need to facilitate more of the discussion when talking about processes and patterns as residents may not be familiar with these concepts

        b. Discuss the concepts of utilization management and levels of care

            i. Pass out sample triaging cases and allow residents to practice determining the most appropriate level of care; may work in pairs and then share results with the large group

iv. Take included test and review answers

v. Provide list of references for guided and/or independent reading

5. References

a. Nelson, EC, et al. Microsystems in Health Care: Part 1. Learning from High-Performing Front-Line Clinical Units. *The Joint Commission Journal on Quality and Patient Safety.* 2002; 28:472-493.

b. Godfrey, MM, et al. Microsystems in Health Care: Part 3. Planning Patient-Centered Services. *The Joint Commission Journal on Quality and Patient Safety.* 2003; 29:159-170.

c. Nelson, EC, et al. Clinical Microsystems, Part 1. The Building Blocks of Health Systems. *The Joint Commission Journal on Quality and Patient Safety.* 2008; 34:367-378

d. Wasson, JH, et al. Clinical Microsystems, Part 2. Learning from Micro Practices About Providing Patients the Care They Want and Need. *Joint Commission Journal on Quality and Patient Safety.* 2008; 34:445-452.

e. Colbert, CY, et al. Systems-Based Practice in Graduate Medical Education: Systems Thinking as the Missing Foundational Construct. *Teaching and Learning in Medicine.* 2011; 23:2, 179-185.

f. Barach, P, et al. Understanding the Complexity of Redesigning Care Around the Clinical Microsystem. *Quality and Safety in Health Care.* 2006; 15:i10-i16.