

First-Year Internal Medicine Resident Training in Transitions Care from Hospital to Home



at the University of Rochester School of Medicine and Dentistry

SUMMARY

Target Audience

First-year Internal Medicine residents

Purpose

To change the way trainees care for older adults and potentially to attract primary care residents to careers in geriatrics

Program

During their first year, residents make videotaped hospital and home visits to assess older adults transitioning from hospital care to home. Residents then present video sessions to medical trainees at noon conference in second week.

History

The program was introduced in 2001

Operating Costs

Staff time; equipment

Outcomes

Participants report that the experience will change the way they practice geriatric care; several have gone on to geriatrics fellowships

Available Materials

Published article describing program

For More Information

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Program Overview

The goal of the Hospital to Home Program, which was introduced in 2001, is to expose first-year Internal Medicine residents to the care of older adults who are transitioning from hospital to home. This exposure to the principles of geriatric care and to geriatrician role models aims to change the way trainees care for older adults, and offers the potential to attract primary care residents to careers in geriatrics. The program's educational and recruitment objectives are enhanced by having participating residents present their experiences to other medical trainees in interactive noon conferences.

Program Operations

All first-year Internal Medicine residents comprehensively assess an older patient in the hospital immediately prior to discharge with an emphasis on functional status, medications, and discharge planning. Within a week, the same resident visits the older person in their home to assess the success of the discharge plan. Segments of the hospital and home visits are videotaped by an accompanying biopsychosocial fellow.

Every intern (about 22 per year) completes the Hospital to Home Program and presents at a noon conference in their second week of the rotation. Each resident gives a presentation during this regularly scheduled, interactive resident conference, to educate their peers on careful discharge planning and geriatrics issues based on their experience.

This is a key conference where attendees get to see the "value added" aspect of geriatrics, with at least one and often two geriatricians present to



visually share and emphasize important geriatrics competencies. Noon conference attendees range from third-year medical students through geriatrics fellows, and include Internal Medicine, Family Medicine, and Medicine/Pediatric residents.

Staffing Requirements

It is essential to have one person responsible for identifying patients in the hospital, obtaining consent, scheduling hospital and home visits with residents, and helping residents prepare for the noon conference. While this person has been a postdoctoral fellow in psychology, an administrative assistant could fulfill many of these functions.

The geriatrician attends the noon conference one hour every other week. Videotaping and coordinating the hospital and home visits is done by a post-doc psychology fellow (biopsychosocial fellow) who is funded by the Department of Medicine. No time is spent by the residency program director on this.

Program Costs and Funding Sources

The following staff time, resources, and materials are needed:

- Biopsychosocial Fellow (PsyD): Requires 6-8 hours per week at a cost of approximately \$15,000 per year; originally funded by a Donald W. Reynolds Foundation Aging and Quality of Life project grant and now funded by the Internal Medicine Department
- Original Equipment: Approximately \$11,000; funded by the Reynolds grant
- Ongoing Equipment: Under \$5,000 over a 3-5 year period; originally funded by the Reynolds grant and now by the Internal Medicine Department
- Equipment: Macintosh computer with video-editing and DVD-burning capability (preferably one with a large screen, large hard drive, fast video card, and extra memory); digital video camera with USB or FireWire port; directional audio microphone, camera bag, tripod, spare camera battery and spare battery charger

- Software (included with Mac): iMovie, iDVD (required); it's also helpful to have Microsoft PowerPoint or Apple Keynotes, which costs approximately \$100
- Supplies: Approximately \$300 per year for mini DV tapes, DVD+R discs

The program is sponsored by the American Geriatrics Society (AGS) and the Boston University School of Medicine. Funding is through the National Institute on Aging (NIA) R13 mechanism.

Process and Outcomes Data

All first-year Internal Medicine residents (approximately 24 per year) participate in the hospital and home visit program with older patients. Since its introduction in 2001, all of the 132 first-year Internal Medicine residents have completed videotaped hospital and home visits and presented at a noon Home to Hospital conference, in addition to attending an additional 5-10 conferences. Several of the residents featured in the videos have gone on to geriatrics fellowships.

Since 2001, over 350 learners (third-year medical students, Internal Medicine and Family Medicine residents) have participated in noon conference presentations in which the hospital/home visit video footage is presented. Approximately 12-20 learners participate in the noon conference about 24 times per year. Two psychology teaching fellows have been involved in the project to date.

Evaluation is now aggregated with resident evaluations of their teaching conferences at Highland Hospital. There is no specific ongoing evaluation at this time. Feedback obtained from the residents by direct interview at the end of the rotation has been consistently positive. Most residents report that the Home to Hospital Program experience will change the way they care for older adults.



Implementation Lessons

- Integrating any new experiences into an existing residency rotation can be challenging from a scheduling perspective. Having the strong support of the educational leadership has eased some of the challenges of coordinating patients' and participants' time around other first-year resident activities. Scheduling flexibility demonstrated by leadership, residents, and teaching fellows to facilitate home visits has been invaluable. After the initial scheduling challenges were managed, the shared faculty time from the Department of Medicine has been sustainable.
- After the initial start-up costs, including digital video recording, editing, and presentation equipment, the program requires minimal financial support. Digital equipment has many benefits over other forms of audiovisual recording and editing, including ease of use, smooth presentation, and better archival quality and durability for ongoing teaching purposes. Some programs may already have access to such equipment and technical support through their training programs.
- The video creates a shared learning experience for the residents at the noon conference who usually do not know the patient. The intern presents the video of the patient in the hospital. Everyone discusses the potential problems the patient may face upon discharge, and the residents predict how the patient will fare at home. The home video is then presented to show how the patient actually functioned at home and there is discussion. It has been found that “showing” instead of “telling” is a powerful tool.

Available Materials

Publication

- Hospital to Home: Improving Internal Medicine Residents' Understanding of the Needs of Older Persons after a Hospital Stay
Matter, C. A., Speice, J. A., McCann, R., Mendelson, D. A., McCormick, K., Friedman, S., Medina-Walpole, A., Clark, N. S.
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This document is part of a compilation of approaches to geriatrics recruitment, career development, and programmatic expansion, based on the work of the John A. Hartford Foundation "Centers of Excellence in Geriatric Medicine and Training." For more information, visit www.afar.org/recruitment or www.jhartfound.org.