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Authors

Choudhri, T
Roche, C

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Loma Linda University Emergency Medicine
Small-Group Shift Assessment Tool

Student: _____ Evaluator: _____

Date: _____ Chief Complaint: _____

Expected Level:	Entrustable "Intern"	Pre-Entrustable/Pro- gressing "MS4"	Critical Error/Requires Remediation "MS3"
Focused H&P			
Prioritized DDX			
Recommend/Interpret Tests			
Write orders and rx			
EMR Documentation			
Oral communication			
Use of literature			
Sign-out/Transition of care			
Interprofessional teamwork			
Sick/not-sick			

Comments:

49 Staggering Transitions of Care to Provide Supervised Signouts

Choudhri T, Roche C /The George Washington University, Washington DC

Background: The CLER Pathways of Excellence clearly defines certain basic principles of care transitions which include resident education and engagement in the process, in addition to faculty engagement and assessment of the hand-off process. In a review of our own sign-out processes, we ascertained that our program is not incorporating all of these ideologies and by instituting some rudimentary changes, we could immensely impact care transition education and subsequently provide superior patient care.

Educational Objectives: To create a clinical environment in an otherwise busy Emergency Department conducive to protected and supervised care transitions while allowing for patient care and flow to continue in an unobstructed and safe fashion.

Curricular Design: Shift times were staggered throughout the day to allow for attending-supervised care transitions and protected time for directed education. Our resident services that previously all transitioned independently at 7AM and every 8 hours thereafter, now transition at 6AM, 7AM and 8AM and continue that

staggering for the remainder of the day. For the 30 minutes before and after sign-out, the residents are also protected from new patients to allow for time to give and receive sign-out without additional clinical pressures that often portend to errors and substandard care. At each resident sign-out time, an attending is present to both supervise and provide real-time training on transitions of care. Attendings also have the opportunity to evaluate the residents on their ability to transition care, provide teaching points and give feedback. Furthermore, to aid in an interprofessional approach to care transitions, hand-off times are announced to the department allowing for nursing involvement.

Impact/Effectiveness: By creating a system where residents were supervised in their care transitions and concurrently not overwhelmed by increasing clinical demands, we found that the safety and care of our patients improved significantly by ensuring smooth transitions and minimizing miscommunication. Qualitative resident feedback showed that having an attending present at sign-out times provided valuable education. Feedback from our faculty exposed that supervising resident sign-outs gave them a unique perspective on our residents' ability to provide an effective sign-out, and new teaching goals directed toward this quality initiative. This can easily be implemented in any ED. With the simple action of reorganizing schedules to allow for attending presence at sign-outs, residents can be observed and taught appropriate behaviors that should take place during this time and adapt such practices from the start of their training. This will work to enhance both the clinical working environment and patient care

50 Storytelling: A Novel Wellness Initiative for Emergency Medicine Residents

Paetow G, Schiller J, Chung A, Hart D/ Hennepin County Medical Center, Minneapolis, MN; Maimonides Medical Center, Brooklyn, NY; Mount Sinai Emergency Medicine, New York, NY

Background: Storytelling (ST) can help physicians reflect on their practice, cultivate a sense of empathy, and develop a support network of trusted colleagues. Additionally, sharing experiences through ST or narratives can decrease emotional exhaustion, an important component of burnout. Despite these benefits of ST for resident wellness, Emergency Medicine (EM) residents rarely get an opportunity to share their experiences with others in structured residency supported settings.

Educational Objectives: We sought to create a forum for EM residents to share stories about the human side of medicine, in order to promote empathy, reflection, and develop a greater sense of community.

Curricular Design: We planned an off-campus, 2 hour "open microphone" night for residents and faculty to share their experiences at two separate EM residency programs.