Approaches to Teaching and Assessing Best Practices in Transitional Care

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Timothy W. Farrell, MD, AGSF
Cherie P. Brunker, MD
Katherine P. Supiano, PhD, LCSW, FT
Rebecca Wilson, PhD, MEd
Objectives

• Determine learning needs regarding care transitions in your own clinical education setting.

• Evaluate your current process of instruction in care transitions.

• Integrate best practices in care transitions into your teaching.
Scope of the problem

- Poorly executed care transitions have been associated with increased adverse medication events and hospital readmissions.*
- Among Medicare recipients, 2/3 will be readmitted to the hospital or die within 1 year after hospital discharge.†
- Most educational products address transitions at the time of discharge and not post-discharge.

How can we teach interdisciplinary teams to formulate effective post-hospital transitions plans?
Objective Structured Video Examination (OSVE): a brief history

• First developed in 1990s by Simpson et al. at the Medical College of Wisconsin*
• Brief “trigger videos” based on ACGME competencies
• Trainees completed a paper exercise after watching the videos

## Original OSVE vs. GT-OSVE

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Original OSVE</th>
<th>GT-OSVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of video</td>
<td>&lt;5 minutes</td>
<td>~15 minutes</td>
</tr>
<tr>
<td>Educational objective</td>
<td>Broad-based (ACGME competencies)</td>
<td>Narrow (AAMC care transitions competencies)</td>
</tr>
<tr>
<td>Target audience</td>
<td>Individuals</td>
<td>Teams</td>
</tr>
<tr>
<td>Practical exercise</td>
<td>Paper-based</td>
<td>Experiential</td>
</tr>
<tr>
<td>Designed for assessment?</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

ACGME: Accreditation Council for Graduate Medical Education  
AAMC: Association of American Medical Colleges
Geriatric Transitions Objective Structured Video Examination (GT-OSVE)

The Geriatric Transitions Objective Structured Video Examination (GT-OSVE) is a series of 3 video cases depicting the same hypothetical patient undergoing transitions of care in different locations: hospital to home, skilled nursing facility to home, and home to an assisted living facility. The GT-OSVE may be used as an evaluative tool to assess trainees’ ability to formulate transitions plans and to assess team functioning. Alternatively, the GT-OSVE may be used as an educational tool for teaching about transitions of care. The target audience involves teams of interdisciplinary health professions trainees, including but not limited to medical students, residents, physician assistant students, clinical pharmacy students, social work students and nursing students. The GT-OSVE may also be administered to individual trainees or to groups of trainees within the same discipline. This project was supported by a HRSA Geriatric Academic Career Award (GACA) grant #K01HP20487.

Please complete this online registration form in order to view the videos. The videos are licensed by Creative Commons and may not be used for any commercial purpose.

http://medicine.utah.edu/internalmedicine/geriatrics/osve/index.php#
GT-OSVE development*

- “Scripts” written for the same hypothetical patient moving across 3 transitions scenarios:
  - First post-hospital outpatient visit
  - Skilled nursing facility to home
  - Home to assisted living facility
- Cases can be used individually or as a series
- Cases were designed to depict “average” but not ideal transitions

Supported by a HRSA Geriatric Academic Career Award (GACA), K01HP204087 (PI: Farrell).
GT-OSVE implementation

• Family medicine residency Patient-Centered Medical Home (PCMH) rotation
  – Discrete module within a 4-week rotation
  – Includes online modules*† and didactic session
  – GT-OSVE exercise is the culminating experience

• Interdisciplinary trainees
  – Third-year family medicine resident
  – Clinical pharmacy resident
  – Physician assistant student

*Denson K et al. “Transitions of Care: Leaving the Hospital.”
†GITT (Geriatric Interdisciplinary Team Training module: “Case 2: Mr. Rosario.”
Typical GT-OSVE exercise

• Identification of team leader
• Team watches video case and reviews corresponding materials from hypothetical patient chart
• Team formulates their transitions plan
• Team leader presents plan to faculty
• Team debrief by faculty
Facilitation Schema:

1. **Pretest/self-efficacy survey** (10 min.)

2. **Online modules** (40 min.)

3. **Care transitions didactic** (60 min.)

4. **GT-OSVE session** (~60 min.)

5. **Watch video case** (10-15 min.)

6. **Team discussion** (10 min.)

7. **Transitions plan** (5 min.)

8. **Faculty debrief and posttest** (15 min.)

(Week 1)

(Week 2)

(Week 3)

(Week 4)
Example of document augmenting GT-OSVE videos: Hypothetical patient medication list
Faculty checklist

- Based on best evidence
- Universally applicable
  - Care transitions: Coleman’s “4 Pillars”®
    - Patient-centered medical record
    - Medication management
    - Identification of “red flags”
    - Primary care, specialist and community follow-up
  - Team functioning: Validated questions*

*Coleman EA. The Care Transitions Program®. Available at http://www.caretransitions.org/.
**Permission was obtained from survey authors to adapt questions from the Group Environment Scale (GES) and ICU Nurse-Physician Questionnaire to the GT-OSVE.
Faculty checklist

- Includes functional domains (such as ADL/IADL)
- Focuses on team leader
  - PCMH definition includes physician-led teams
  - However, any team member can lead the OSVE exercise
### ASSESSMENT OF TEAM LEADER’S TRANSITIONS PLAN

<table>
<thead>
<tr>
<th>Domain</th>
<th>Skill/competency addressed</th>
<th>Not done</th>
<th>Inadequately done</th>
<th>Done, but needs improvement</th>
<th>Adequately done</th>
<th>Skillfully done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 1</td>
<td>Identified PCP's medical history</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Assessed patient's level of engagement in managing</td>
<td></td>
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<tr>
<td></td>
<td>Higher medical conditions</td>
<td></td>
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<tr>
<td></td>
<td>Identified patient's goals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identified caregiver's goals</td>
<td></td>
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</tbody>
</table>

**Medication management**
- Resolved medications
- Identified the 'teach-back' method to explain changes in medications
- Checked for any new allergies
- Identified red flags (e.g., weight gain in heart failure patients) to prevent hospital readmission
- Proposed an after-hours/emergency plan
- Identified any follow-up home (e.g., lab, appointment)
- Discussed a follow-up plan that includes PCP, specialists, and/or other health care providers
- Identified community resources (e.g., home health agency involvement)

### ASSESSMENT OF TEAM LEADER’S PLAN TO OVERCOME BARRIERS TO AN EFFECTIVE TRANSITION

<table>
<thead>
<tr>
<th>Domain 6</th>
<th>Skill/competency addressed</th>
<th>Not done</th>
<th>Inadequately done</th>
<th>Done, but needs improvement</th>
<th>Adequately done</th>
<th>Skillfully done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 6</td>
<td>Identified appropriate screening (Mini-Cog, MMSE, etc.) and/or interventions for cognitive deficits, if applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domain 7</td>
<td>Identified appropriate screening/interventions for vision or hearing problems, if applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domain 8</td>
<td>Identified appropriate screening/interventions for low health literacy, if applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domain 9</td>
<td>Identified ADL and/or IADL, if applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domain 10</td>
<td>Discussed advance directive status, if applicable</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Domain 11</td>
<td>Discussed financial barriers to the transition and possible interventions, if applicable</td>
<td></td>
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</tbody>
</table>

**Transitions barriers score:**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Skill/competency addressed</th>
<th>Not done</th>
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<th>Adequately done</th>
<th>Skillfully done</th>
</tr>
</thead>
</table>
### ASSESSMENT OF TEAM LEADER’S TEAM SKILLS

<table>
<thead>
<tr>
<th>Leader support in developing the transitions plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>The degree to which the leader carefully considered other points of view was:</td>
</tr>
<tr>
<td>The degree to which the leader incorporated input from other team members was:</td>
</tr>
<tr>
<td>The clarity of the leader’s instructions to team members was:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Leader skills in developing the transitions plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>The degree to which the leader kept discussions on track was:</td>
</tr>
<tr>
<td>The degree to which it was clear who was leading this team was:</td>
</tr>
<tr>
<td>The degree to which the leader appropriately prioritized action items in the transitions plan was:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Team characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>The feeling of cohesion in this group was:</td>
</tr>
<tr>
<td>The degree to which one could tell what was going on in this group was:</td>
</tr>
<tr>
<td>Overall, the degree to which the group functioned together as a team was:</td>
</tr>
</tbody>
</table>

**GLOBAL ASSESSMENT OF TEAM LEADER’S PERFORMANCE**

**Team leadership score:**

**Transitions plan score:**

**Transitions barriers score:**

**Team leader’s score:**

**Global assessment of team leader’s performance score:**

**TOTAL SCORE**
GT-OSVE: Pros and cons

• Pros:
  – No need to compensate or train standardized patients (SPs)
  – “Off the shelf” and readily implemented
  – Little preparation time

• Cons:
  – Unable to reproduce live interaction with SPs
  – Requires scheduling of multiple trainees
    • Common logistical barrier for interdisciplinary education
GT-OSVE: Lessons learned

• Team interactions are sometimes dominated by one trainee
  – Address by requiring team leader to integrate “after-visit summary” notes from each trainee
• Trainees may all be from the same discipline
  – Address by asking “duplicate” trainees to take on roles they might not normally assume
Instructions: Each team member, except the team leader, should list at least 1 component of the transitions plan under each domain listed below. The components of the transition plan should include recommendations generated from your discipline and (if applicable) from the other disciplines represented within your team. These components will serve as the basis of the plan generated by your team that will be presented by your team leader.

**Transitions domain 1:** Patient-Centered Medical Record (list specific plan(s) below):

**Transitions domain 2:** Medication Management (list specific plan(s) below):

**Transitions domain 3:** Identification of Red Flags (list specific plan(s) below):

**Transitions domain 4:** Primary Care, Specialist and Community Follow-Up (list specific plan(s) below):

**Transitions domain 5:** Barriers to an Effective Transition (list specific barrier(s) below):
GT-OSVE: Interdisciplinary trainee satisfaction*

<table>
<thead>
<tr>
<th>Extent to which the OSVE was…</th>
<th>Mean (5 = completely agree)</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicable</td>
<td>4.12</td>
<td>1.064</td>
</tr>
<tr>
<td>Enjoyable</td>
<td>4.17</td>
<td>0.824</td>
</tr>
<tr>
<td>Realistic</td>
<td>4.74</td>
<td>0.444</td>
</tr>
<tr>
<td>Fair assessment of skills</td>
<td>4.10</td>
<td>0.900</td>
</tr>
<tr>
<td>Completable in allotted time</td>
<td>3.14</td>
<td>0.647</td>
</tr>
<tr>
<td>Interfering with other obligations</td>
<td>3.88</td>
<td>1.194</td>
</tr>
</tbody>
</table>

*N=42 trainees (medicine, pharmacy, nursing, social work, nutrition and care management) enrolled in RCT.
GT-OSVE: Interdisciplinary trainee self-efficacy*

<table>
<thead>
<tr>
<th>Self-efficacy domain</th>
<th>Mean (5 = completely agree)</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify essential elements to document in transitions</td>
<td>3.88</td>
<td>1.194</td>
</tr>
<tr>
<td>Reconcile medications</td>
<td>3.83</td>
<td>1.324</td>
</tr>
<tr>
<td>Identify “red flags”</td>
<td>3.85</td>
<td>1.308</td>
</tr>
<tr>
<td>Formulate transitions plan</td>
<td>4.05</td>
<td>0.936</td>
</tr>
<tr>
<td>Identify barriers to transitions plan</td>
<td>4.34</td>
<td>0.728</td>
</tr>
<tr>
<td>Function as team leader</td>
<td>3.55</td>
<td>1.109</td>
</tr>
<tr>
<td>Deliver care in teams</td>
<td>4.36</td>
<td>0.850</td>
</tr>
<tr>
<td>Desire to receive additional transitions education</td>
<td>4.55</td>
<td>0.593</td>
</tr>
<tr>
<td>Manage real-world transitions</td>
<td>3.45</td>
<td>0.993</td>
</tr>
</tbody>
</table>

*N=42 trainees (medicine, pharmacy, nursing, social work, nutrition and care management) enrolled in RCT.
Small group activity #1

• Please discuss the following:
  – Your current methods (if any) for teaching about care transitions
  – Barriers to teaching about care transitions – what’s missing?
  – What characterizes high quality communication?
Core Competencies for Interprofessional Collaborative Practice (May 2011)

Interprofessional Education Collaborative (IPEC)

- Values/Ethics for Interprofessional Practice
- Roles/Responsibilities
- Interprofessional Communication
- Teams and Teamwork

https://ipecollaborative.org/IPEC.html
Entrustable Professional Activities

• EPA 9: Collaborate as a member of an interprofessional team
  – Identify team members’ roles and responsibilities
  – Establish and maintain a climate of mutual respect, dignity, integrity and trust
  – Communicate respect for and appreciation of team members and include them in all relevant information exchange
Milestones (Geriatric Medicine)

• Works effectively within an interprofessional team
  – Unsupervised practice
    • Understands roles and responsibilities
    • Efficiently coordinates activities of other team members to optimize care
  – Aspirational
    • Develops, trains and inspires the team regarding unexpected events or new patient management strategies
    • Viewed by other team members as a leader in the delivery of high-quality care
## Education Matrix

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Challenges</td>
<td></td>
<td></td>
<td>++</td>
<td>+++</td>
<td>++++</td>
</tr>
<tr>
<td>Global Competency</td>
<td>++</td>
<td>+++</td>
<td>+++</td>
<td>++++</td>
<td>+++</td>
</tr>
<tr>
<td>Essential Competency</td>
<td>++</td>
<td>+++</td>
<td>+++</td>
<td>+++</td>
<td>++</td>
</tr>
<tr>
<td>Skills</td>
<td>++++</td>
<td>+++</td>
<td>++</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge</td>
<td>++++</td>
<td>+++</td>
<td>++</td>
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</tbody>
</table>

© Mayo Clinic  Stepanek,J & Wilson, R (2013)
Small group activity #2

- View GT-OSVE video of a transition from the hospital to the outpatient setting
- Discuss the following questions after viewing the video:
  - One key care transitions domain
  - What the trainee did well
  - Opportunities for the trainee to improve
  - Possibilities to incorporate GT-OSVE in your setting
GT-OSVE: Next steps

- Synergy of 2 HRSA grants: Geriatric Academic Career Award (GACA) and Comprehensive Geriatric Education Program (CGEP)
  - Randomized trial implemented in 2014
  - Involves social work, nursing, care management, physician assistant, clinical pharmacy and resident physician trainees
  - Trial will assess team functioning as well as individual vs. team performance in developing transitions plans
GT-OSVE: Summary

• There is a need for educational products addressing post-hospital care transitions.
• The GT-OSVE is an interdisciplinary, team-based exercise designed to meet this need.
• The video cases are freely available and easily implemented at other institutions and educational settings.

http://medicine.utah.edu/ternalmedicine/geriatrics/osve/index.php#
Thank you!

Questions/Comments

- *Link to GT-OSVE cases:
  - http://medicine.utah.edu/internalmedicine/geriatrics/osve/index.php#

*Cases are all freely available.