4-2023

The Intake Jailbreak Evaluation of an admission-focused residency team

Alex Crist
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The Intake Jailbreak

Evaluation of an admission-focused residency team

Alex Crist DO PGY-2, Kang Zhang, MD

Accreditation Council for Graduate Medical Education

IV.B.1.c)	**Medical Knowledge** **Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.** (Core)

IV.C.	**Curriculum Organization and Resident Experiences**	
IV.C.1.		**The curriculum must be structured to optimize resident educational experiences, the length of these experiences, and supervisory continuity.** (Core)

JGIM

Internal Medicine Training in the Inpatient Setting

A Review of Published Educational Interventions

Lorenzo Di Francesco, MD,[1] Michael J. Pistoria, DO,[2] Andrew D. Auerbach, MD, MPH,[3] Robert J. Nardino, MD,[4] Eric S. Holmboe, MD[5]

[1]J.Willis Hurst Internal Medicine Residency, Emory University School of Medicine, Atlanta, Ga, USA; [2]Internal Medicine Residency, Medical Director, Lehigh Valley Hospitalist Services, Lehigh Valley Hospital, Allentown, Pa, USA; [3]Department of Medicine, University of California San Francisco, San Francisco, Calif, USA; [4]Internal Medicine Residency, Hospital of Saint Raphael, Assistant Clinical Professor of Medicine, Yale University School of Medicine, New Haven, Conn, USA; [5]American Board of Internal Medicine, Philadelphia, Pa, USA.

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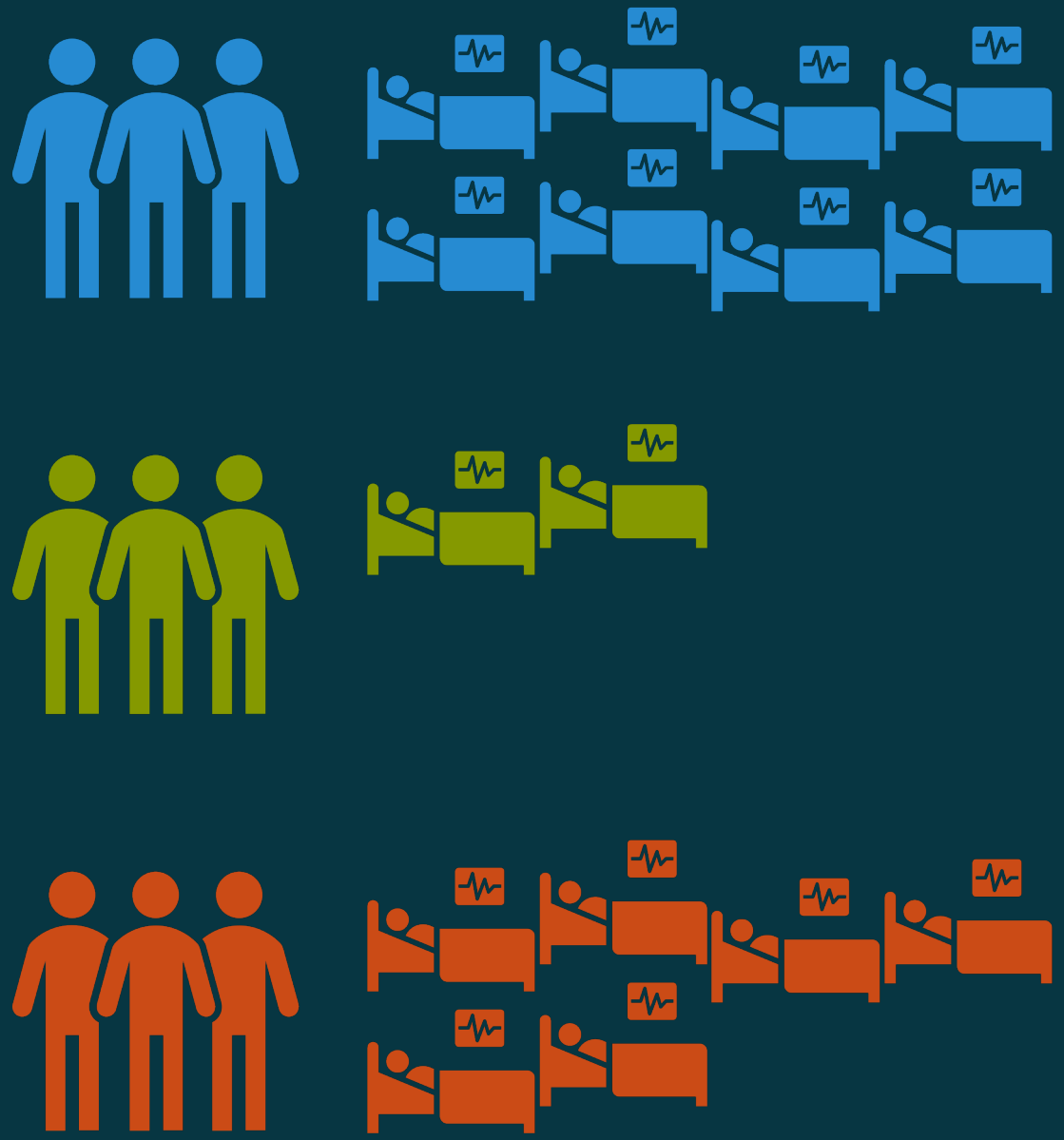
EDUCATIONAL INTERVENTIONS

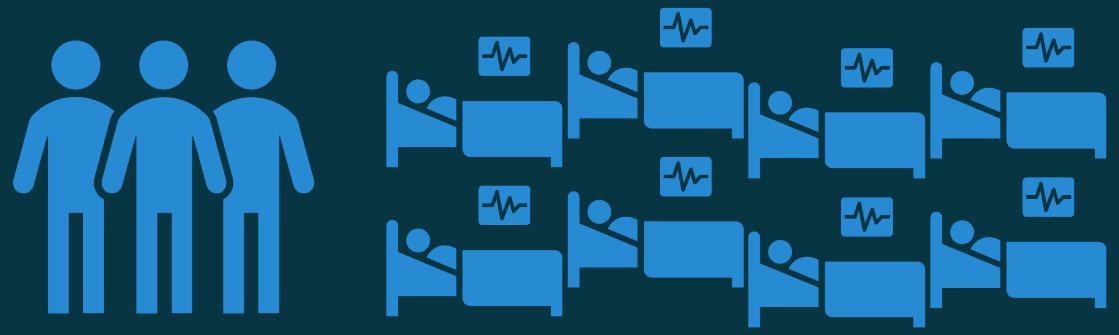
Thirteen studies met criteria for inclusion in this review (Tables 1–5). All were single institution studies and 3 used a rigorous randomized design. Five studies directly assessed knowledge or skills of the residents and 5 assessed resident satisfaction or self-assessment of competence only. Twelve of the 13 articles reported a positive impact on trainees. Importantly, we found no educational intervention that attempted to evaluate the effects of a "core" inpatient curriculum or the daily experiences of inpatient training.

A Typical Day



A Typical Day

8:00 am



A Typical Day

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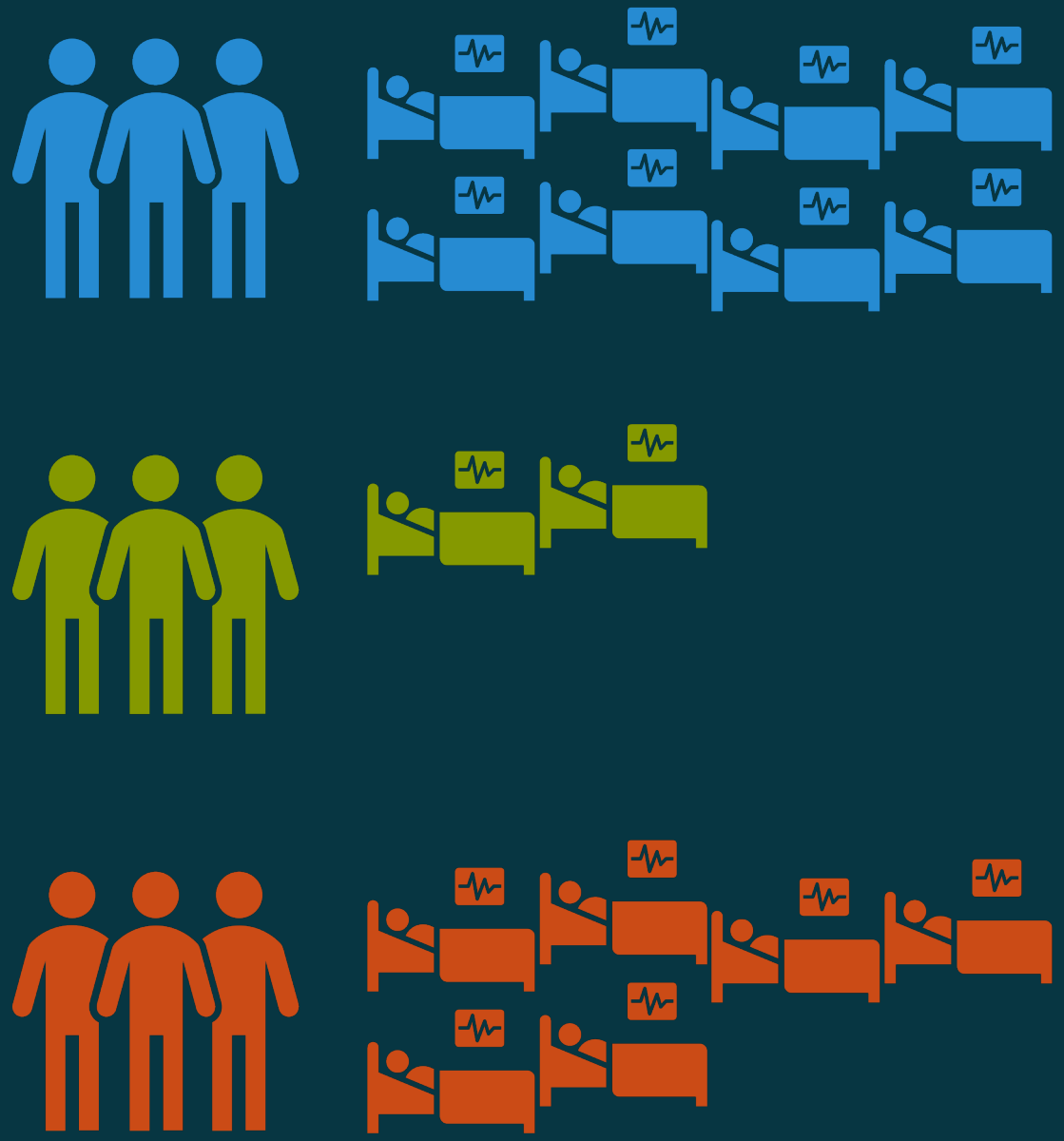

A Typical Day

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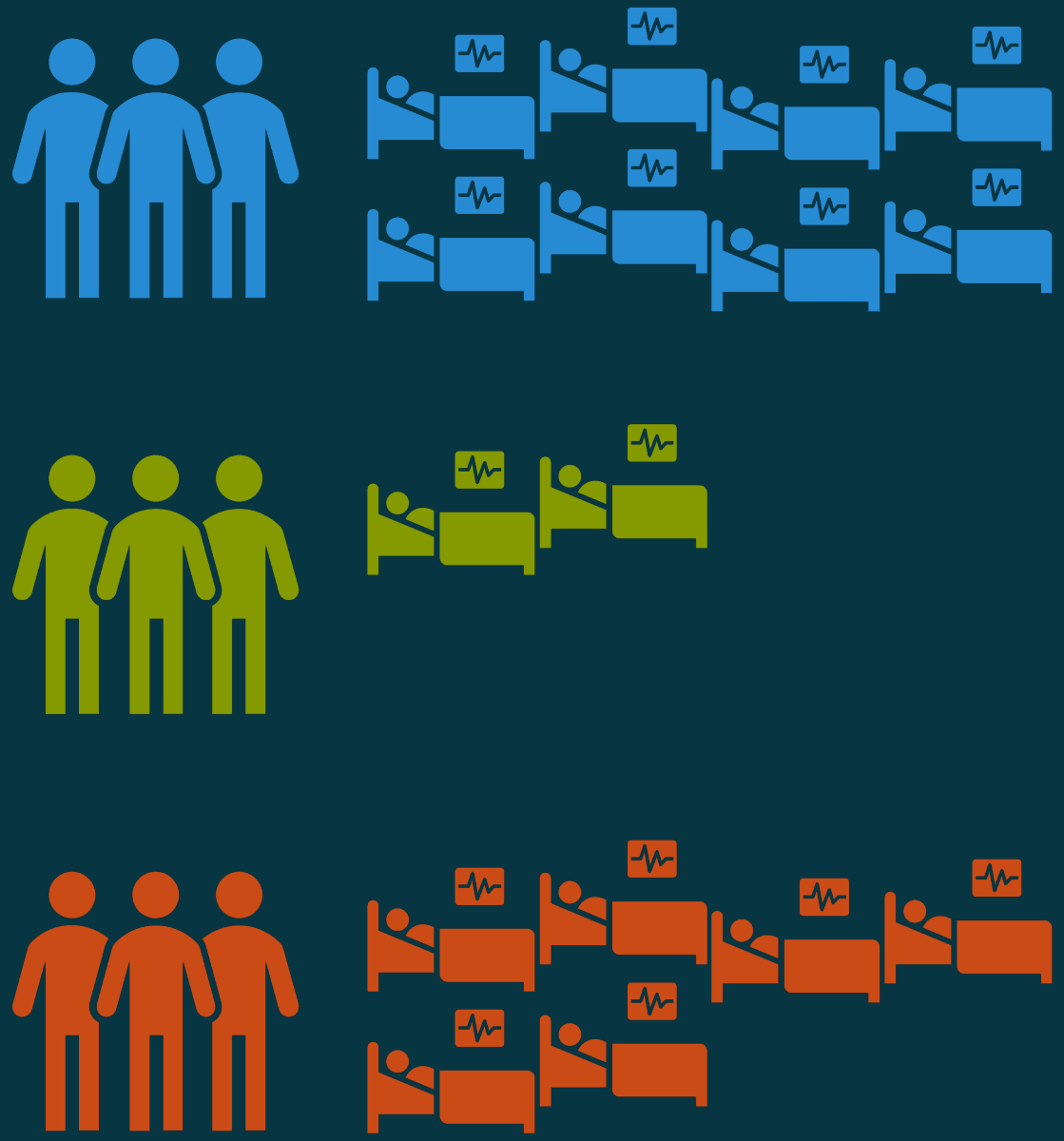

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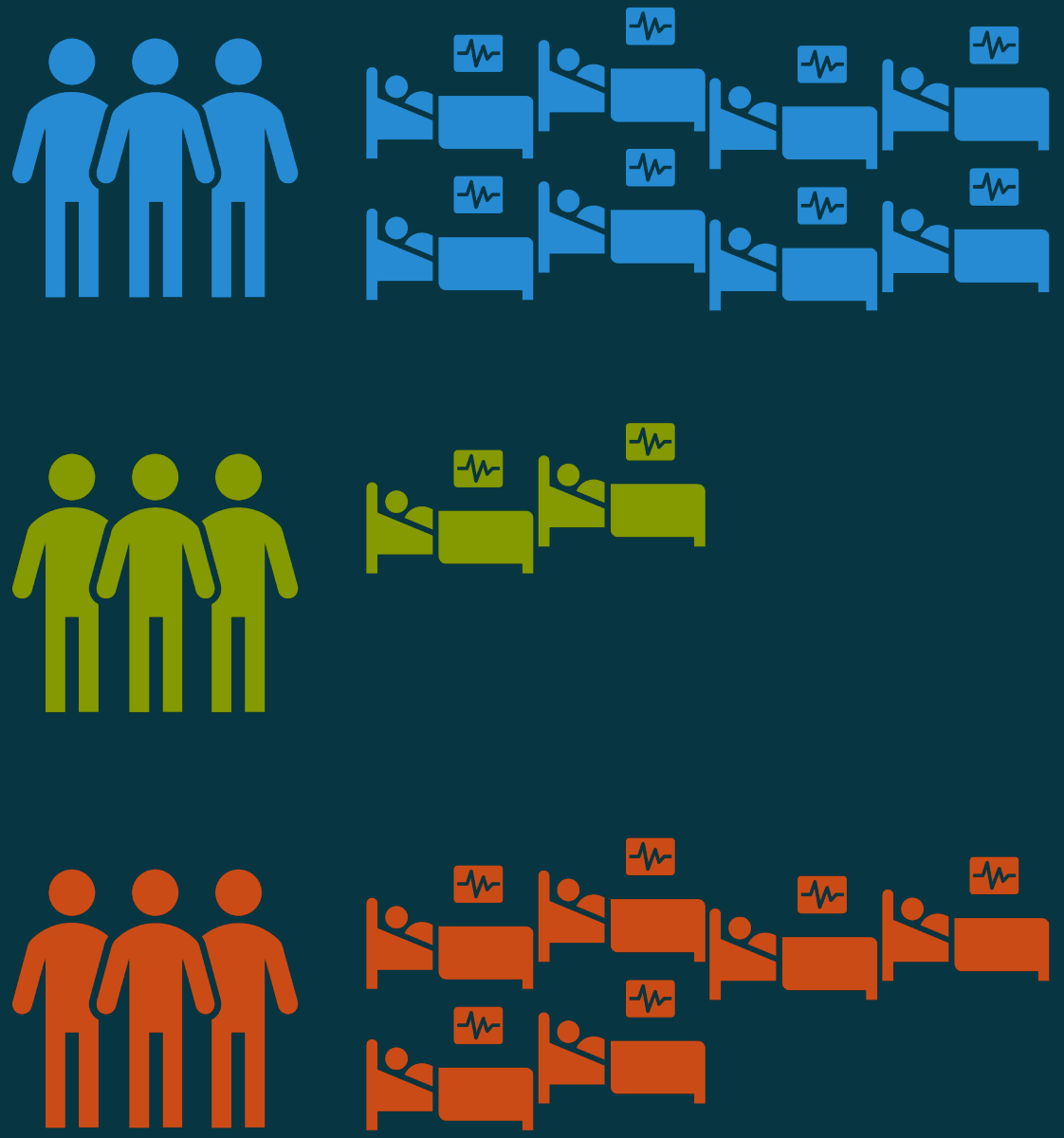

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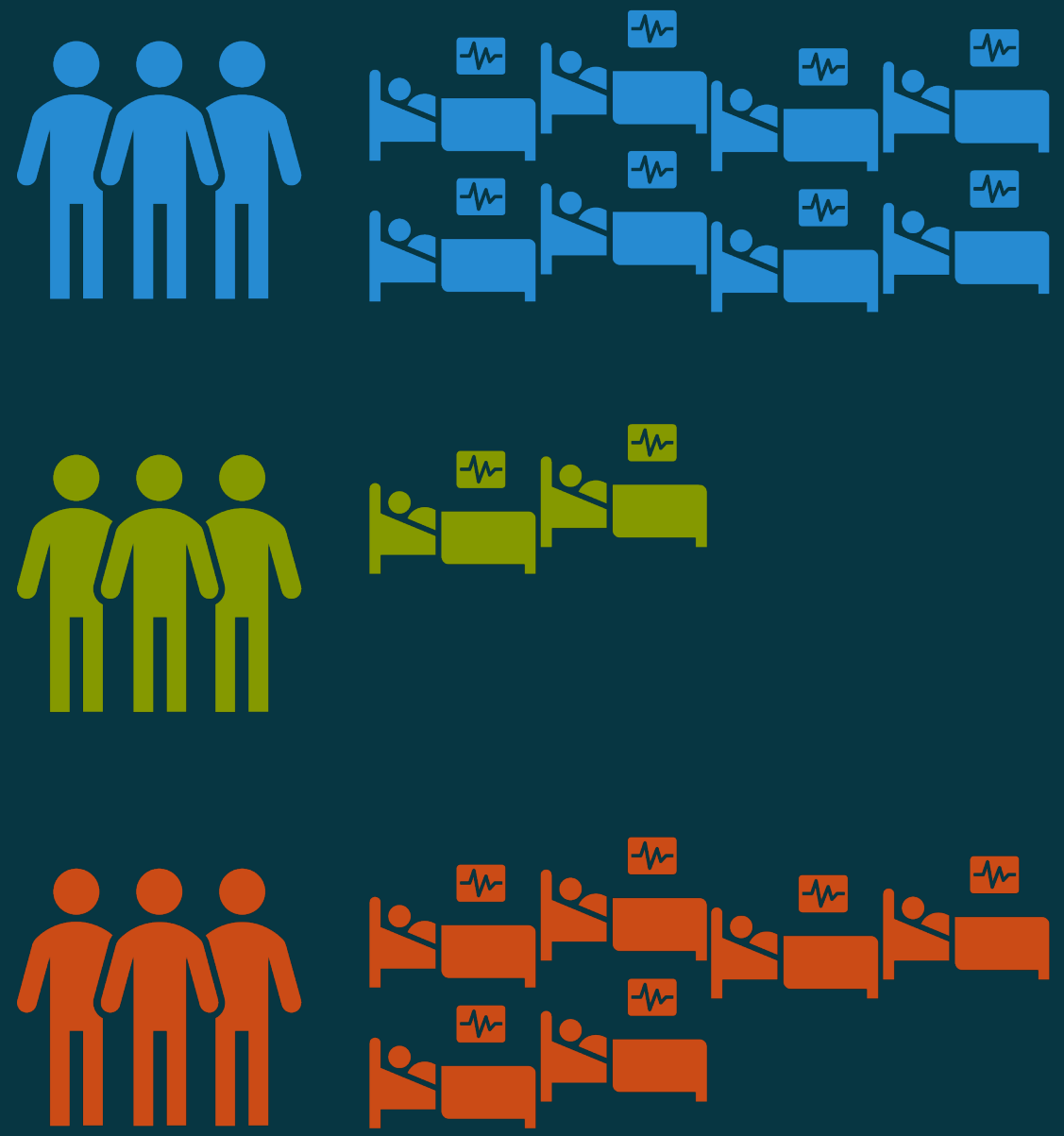

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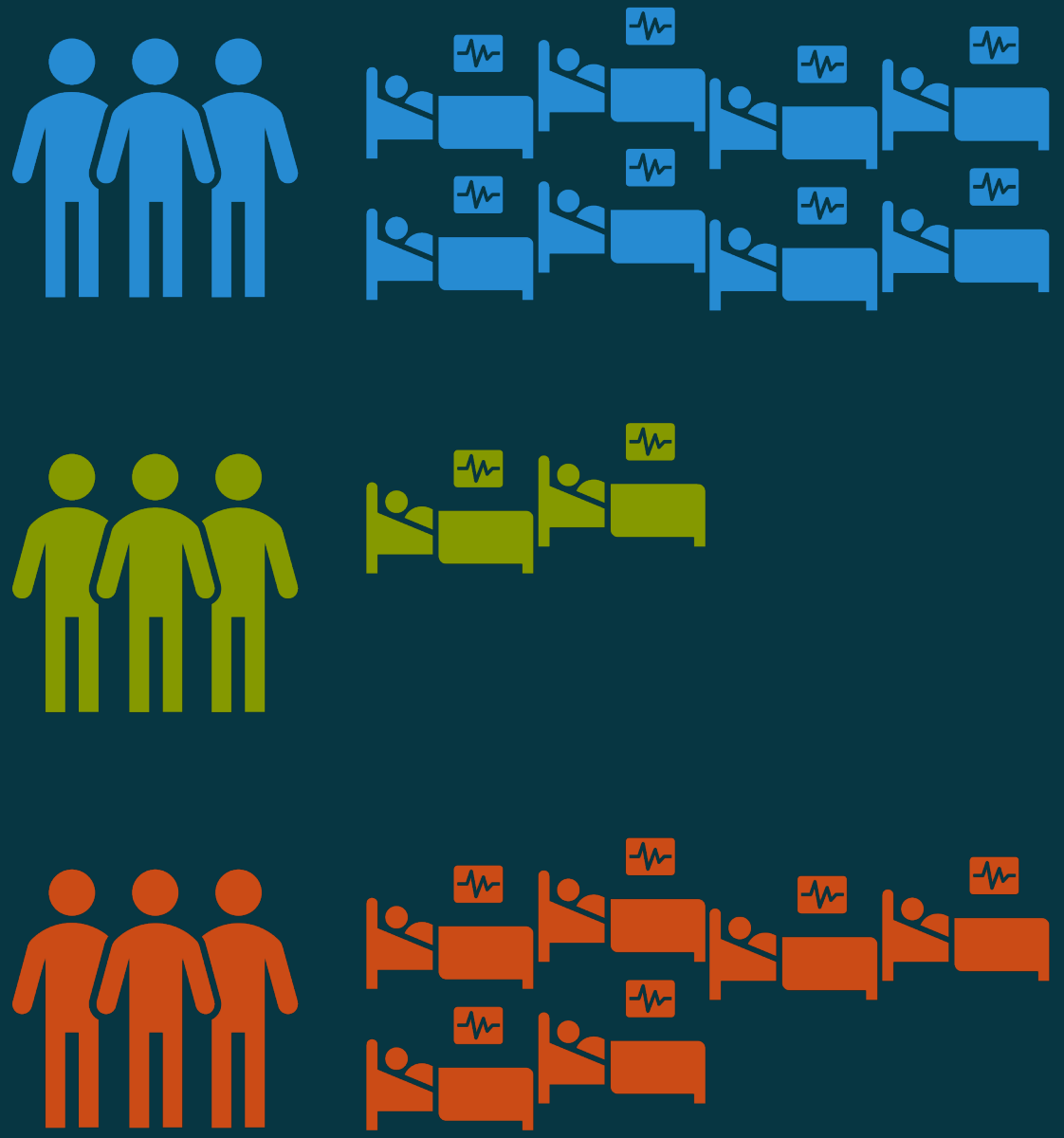

Residency education is **fragile**

Service and Education: The Association Between Workload, Patient Complexity, and Teaching on Internal Medicine Inpatient Services

Temple A. Ratcliffe, MD[1,2], Meghan A. Crabtree, MS[3], Raymond F. Palmer, PhD[1], Jacqueline A. Pugh, MD[1,2], Holly J. Lanham, PhD, MBA[1,2,4], and Luci K. Leykum, MD, MPH, MSc[1,2,4]

[1]University of Texas Health Science Center at San Antonio, San Antonio, TX, USA; [2]South Texas Veterans Health Care System, San Antonio, TX, USA; [3]University of Texas at San Antonio, San Antonio, TX, USA; [4]University of Texas at Austin, Austin, TX, USA.

Residency education is **fragile**

CrossMark

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Complexity + Workload ↛ Education time

Residency education is **fragile**

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Mean teaching: 6 min / day

Residency education is **fragile**

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Mean teaching: 6 min / day

1 worsened patient → 1-3 min teaching lost

The Intervention

HOSPITAL PRACTICE
2021, VOL. 49, NO. 5, 371–375
https://doi.org/10.1080/21548331.2021.1985316

Taylor & Francis
Taylor & Francis Group

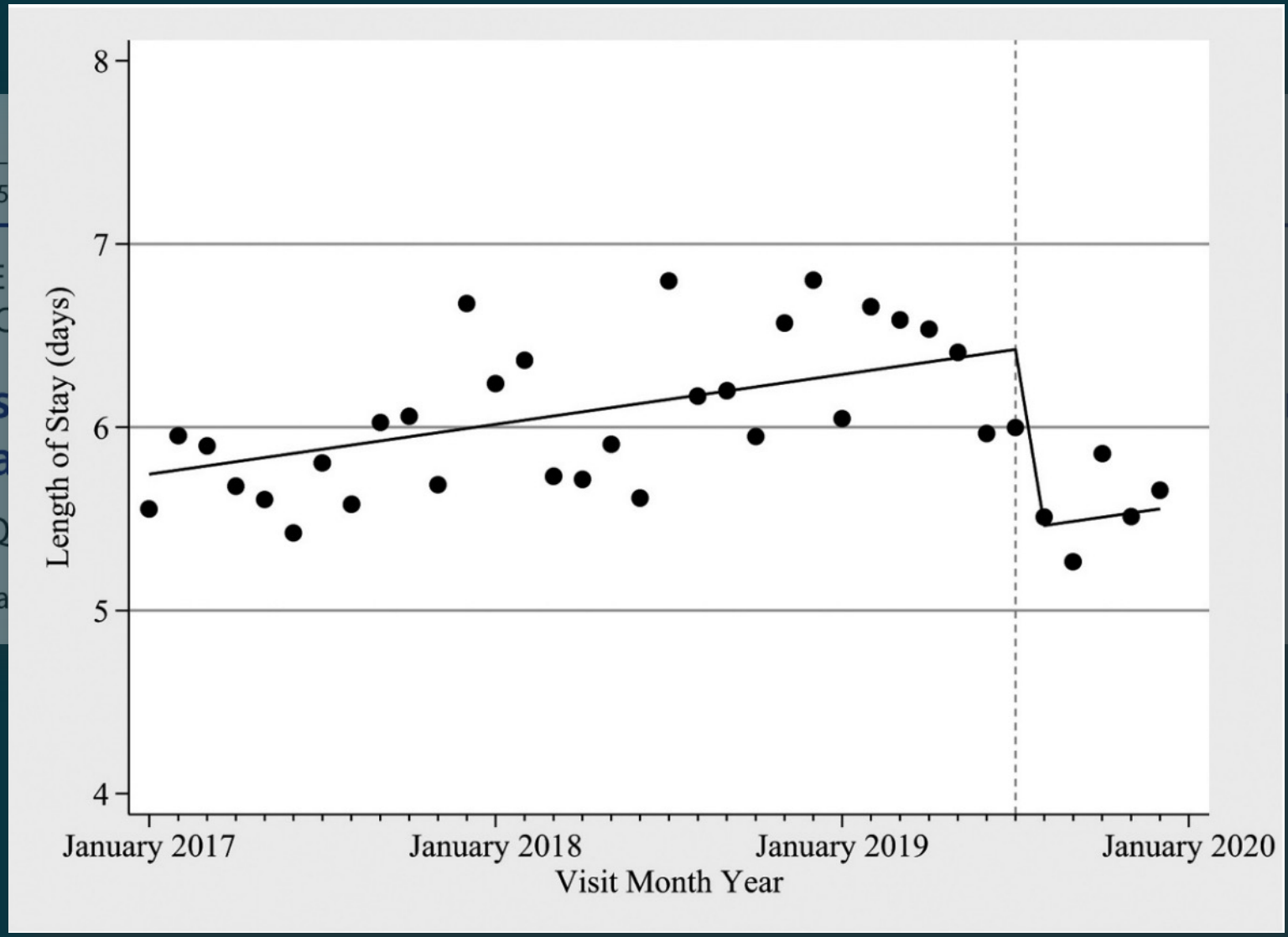
CLINICAL FEATURE
ORIGINAL RESEARCH

Focusing hospitalist roles on either admitting or rounding facilitates unit-based assignment and is associated with improved discharge efficiency

Evan Coates, Eli Quisenberry, Barbara Williams and Craig Blackmore

Virginia Mason Medical Center, Seattle, WA, USA

The Intervention



HOSPITAL PRACTICE
2021, VOL. 49, NO. 5, 371–
https://doi.org/10.1080/215

CLINICAL FEATURE
ORIGINAL RESEARC

Focusing hos
assignment a

Evan Coates, Eli Q

Virginia Mason Medica

Taylor & Francis
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nit-based

The Intervention

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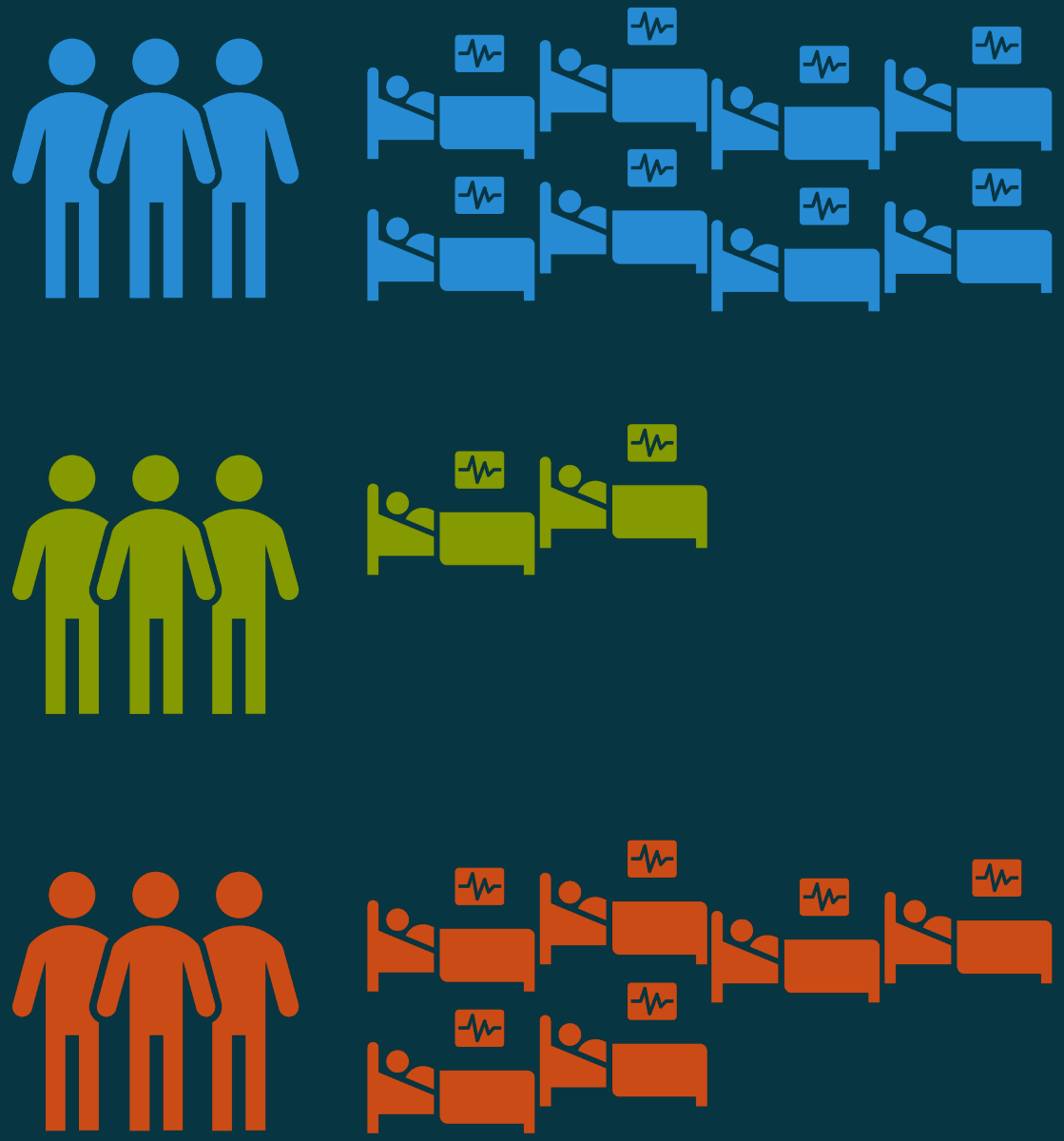
Virginia Mason Medical Center, Seattle, WA, USA

↓7% encounters per admission
LOS ↓1d

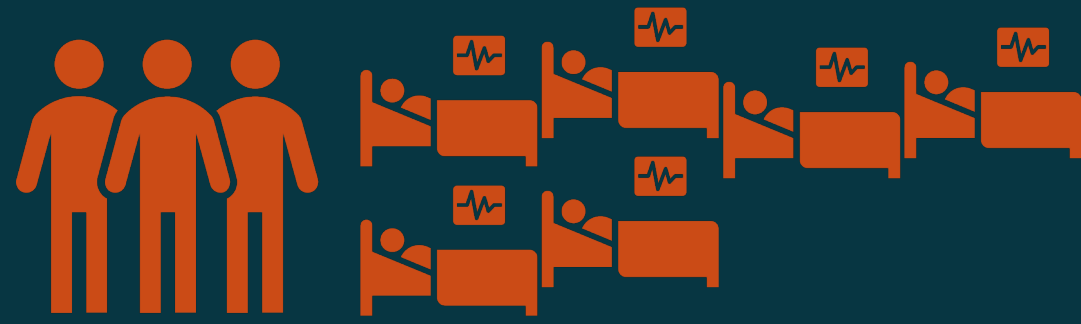
The Intervention

Before:



The Intervention

After:



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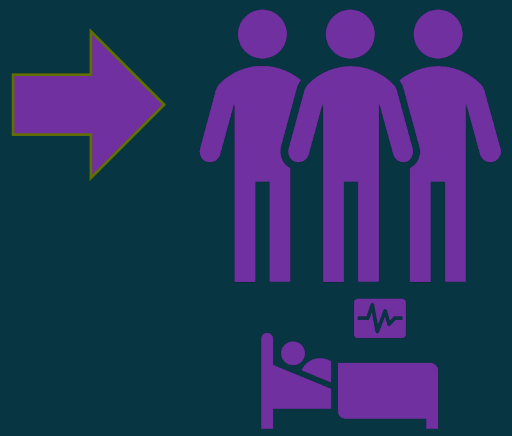

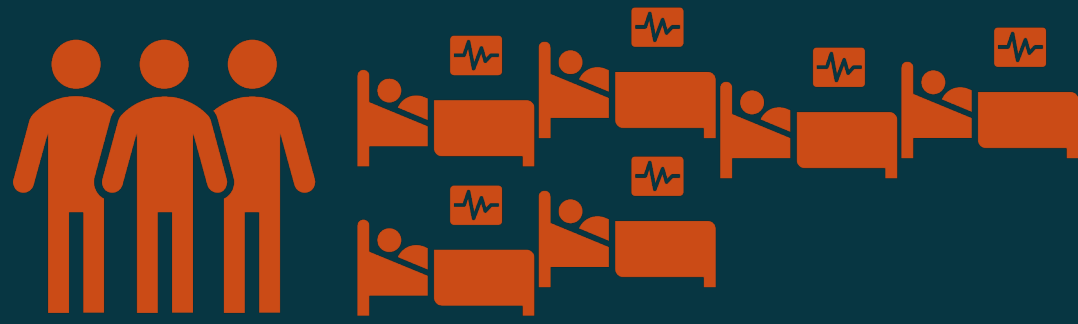

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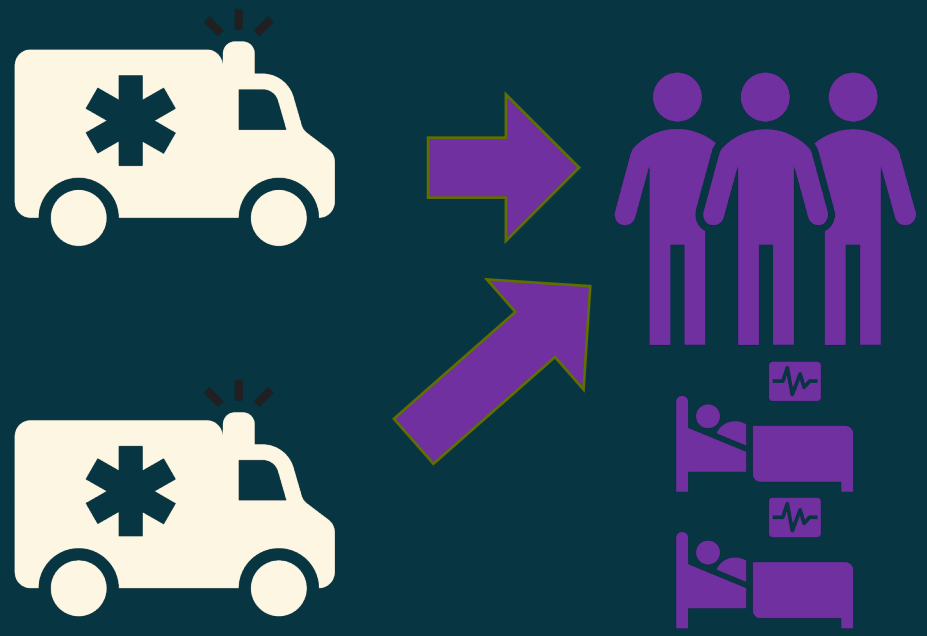

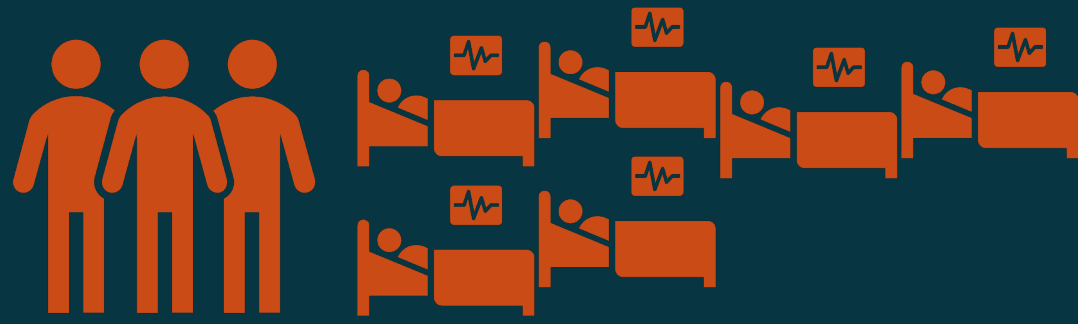

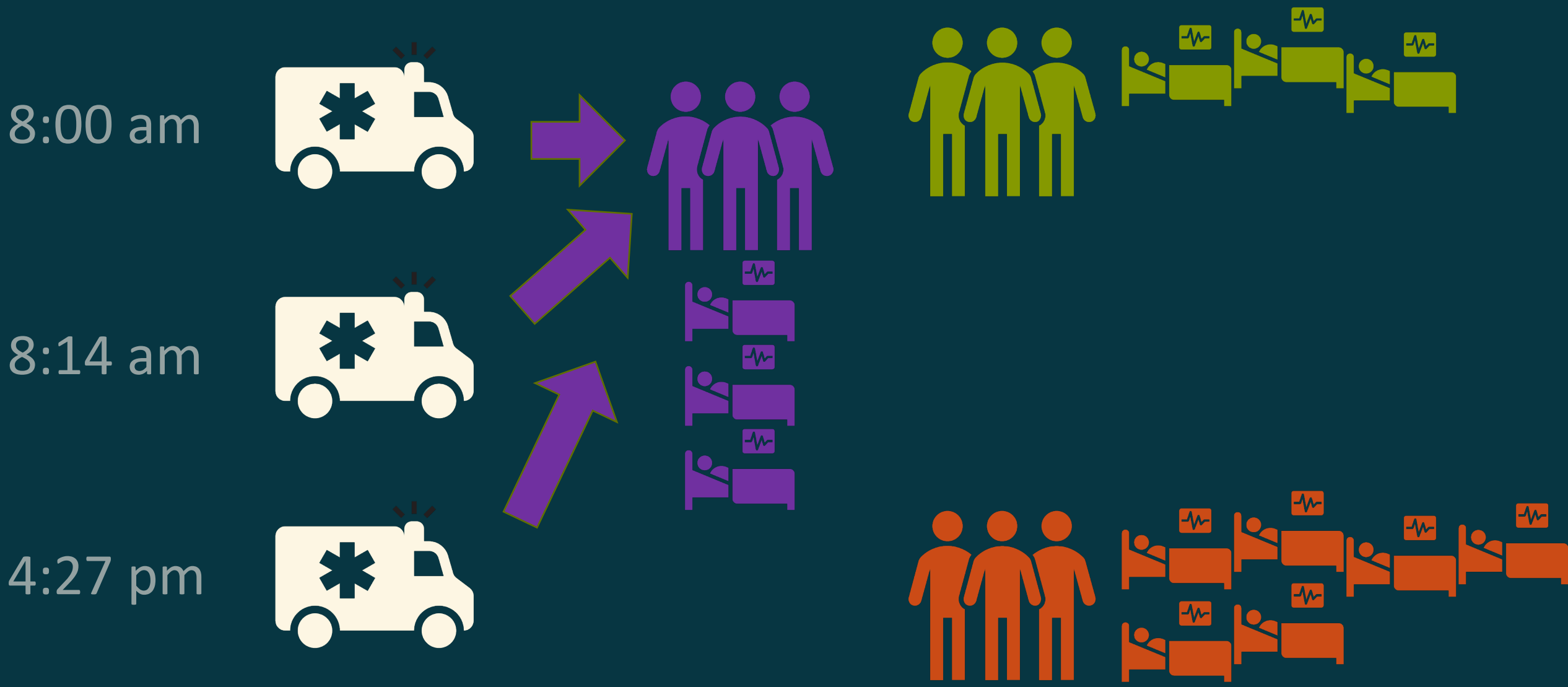
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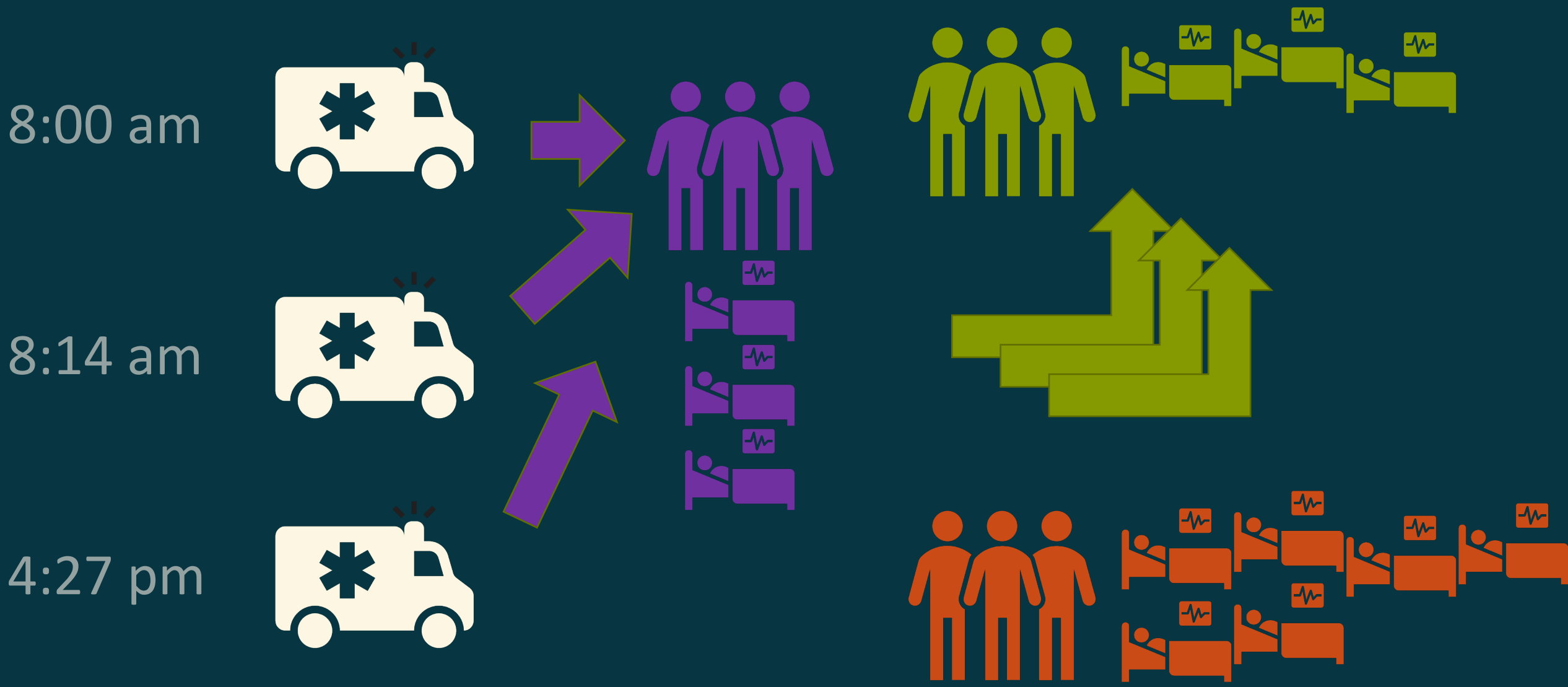
4:27 pm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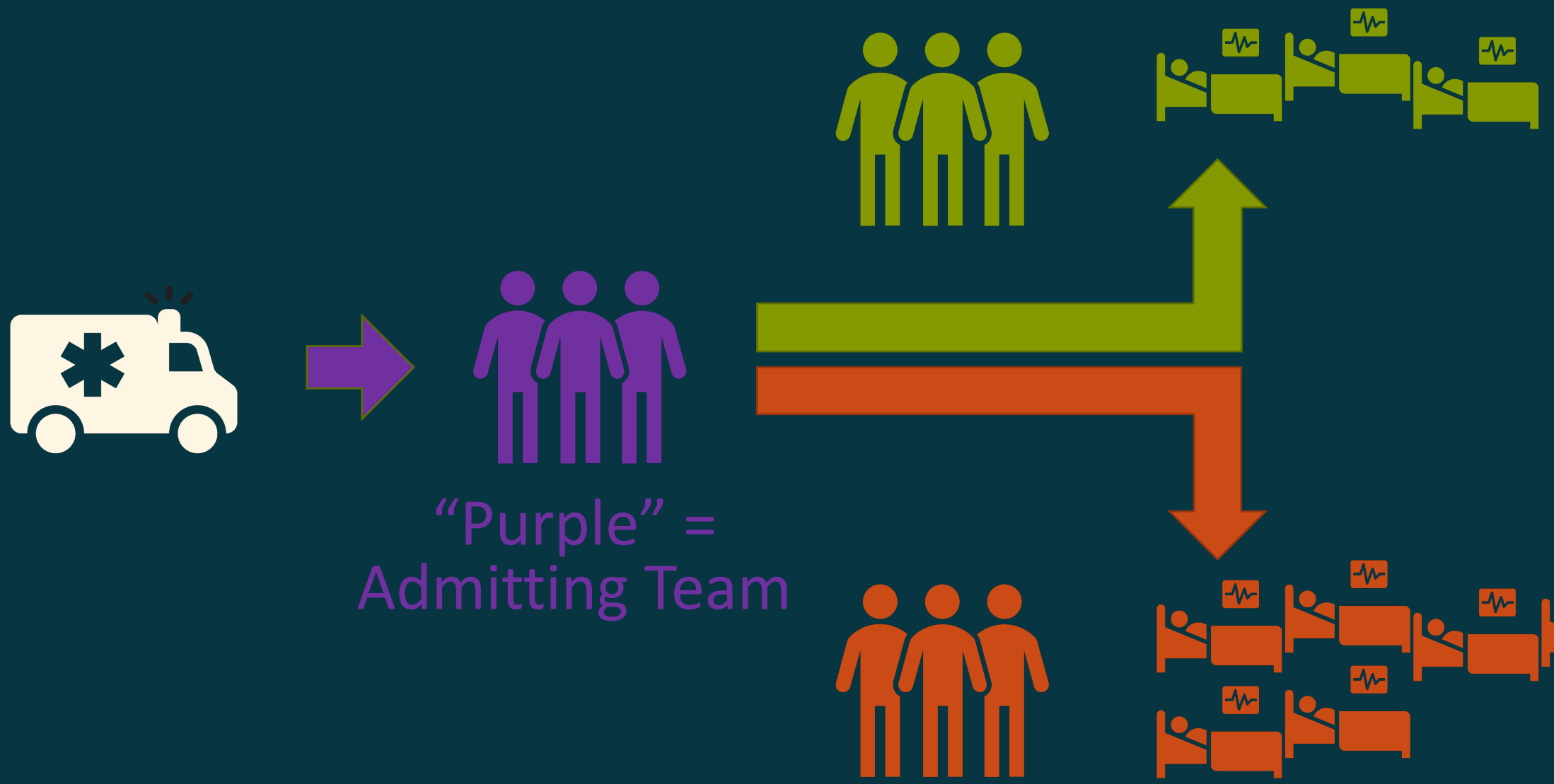
"Purple" =
Admitting Team

Trial of admitting service

- Admitting team started at end of 2021 academic year
- Survey sent out Feb-Mar 2023

1. What year are you?

More Details

1. What year are you?

More Details

R1	6
R2	8
R3	8

2. How valuable do you feel the Purple service is/was to your education?

More Details

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More Details

3. Would you prefer to **keep Purple** or return to three separate teams which admit **and** round on patients?

More Details

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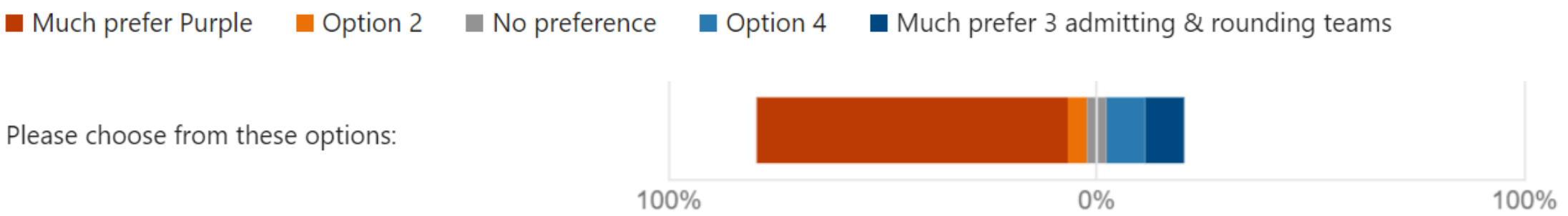
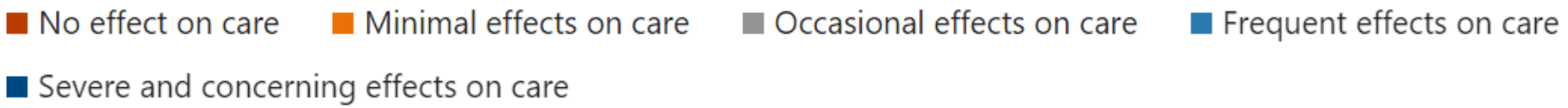
More Details



4. In your opinion, how much is patient care affected by the transition from admitting to rounding team?

(i.e., missed follow-up labs, missed plan details)

More Details



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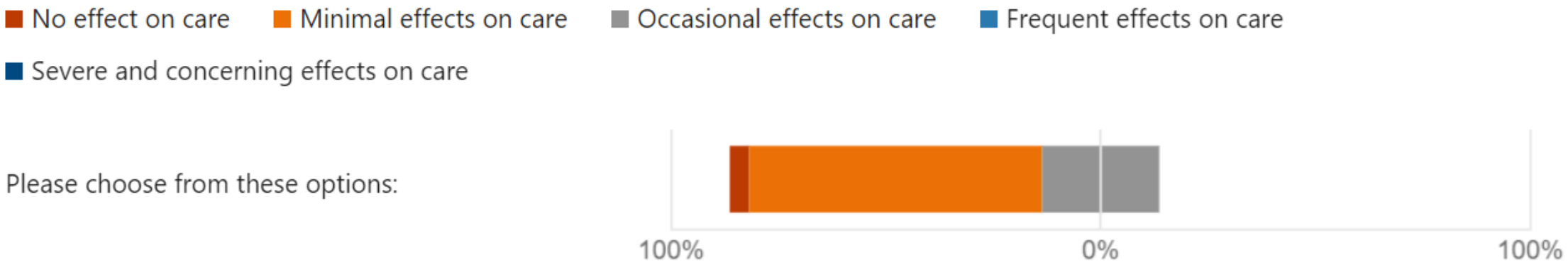

Shift composition

Estimate average time spent on the following activities during a typical weekday Purple shift:

Please give numeric answers where possible; e.g., "30 minutes", "1-2 hours", etc.

Shift composition

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Please give numeric answers where possible; e.g., "30 minutes", "1-2 hours", etc.

5. Admissions *

Shift composition

Estimate average time spent on the following activities during a typical weekday Purple shift:

Please give numeric answers where possible; e.g., "30 minutes", "1-2 hours", etc.

5. Admissions *

6. Recieving/giving teaching *

Shift composition

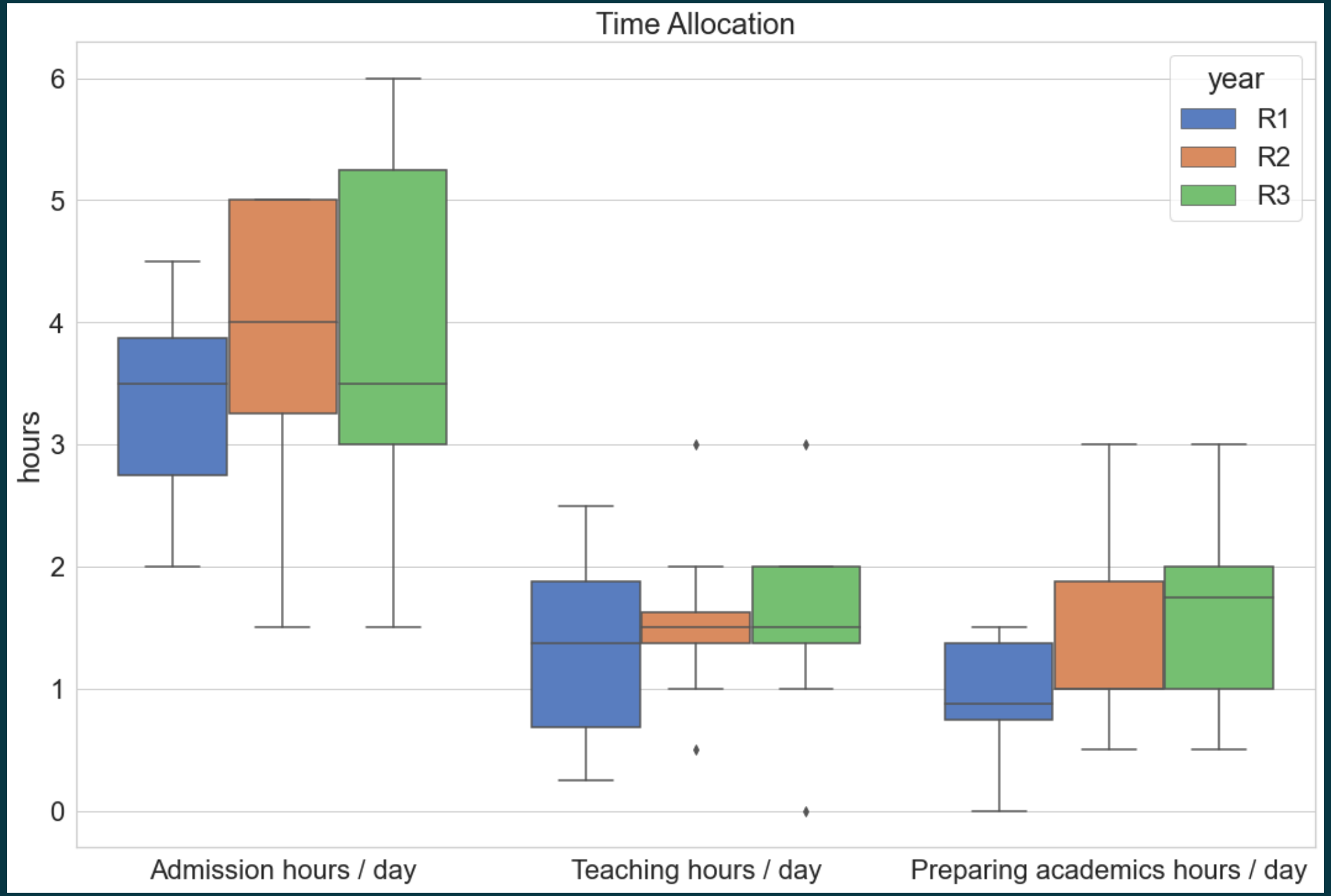
Estimate average time spent on the following activities during a typical weekday Purple shift:

Please give numeric answers where possible; e.g., "30 minutes", "1-2 hours", etc.

5. Admissions *

6. Recieving/giving teaching *

7. Preparing for weekly presentation *


Time Allocation
year
R1
R2
R3
hours
6
5
4
3
2
1
0
Admission hours / day
Teaching hours / day
Preparing academics hours / day

8. How could the rotation be improved?

Please consider the following ideas which have been suggested:
- Senior-specific education about admissions, i.e., how and when to decline admissions from ED
- Establishing formal expectation of daily teaching
- Changing hours/days to cover more reliable admission periods
- Use of Purple team as auxiliary procedure team

Admitting Team Feedback - Top 5

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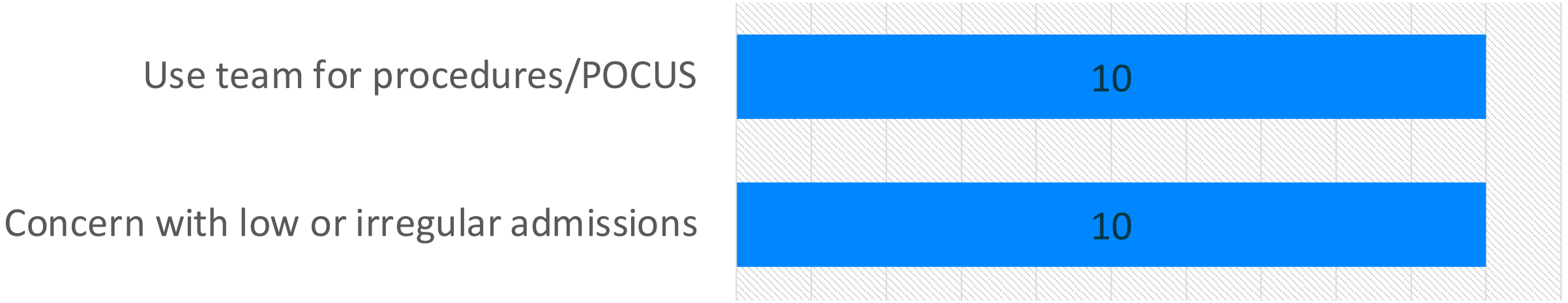
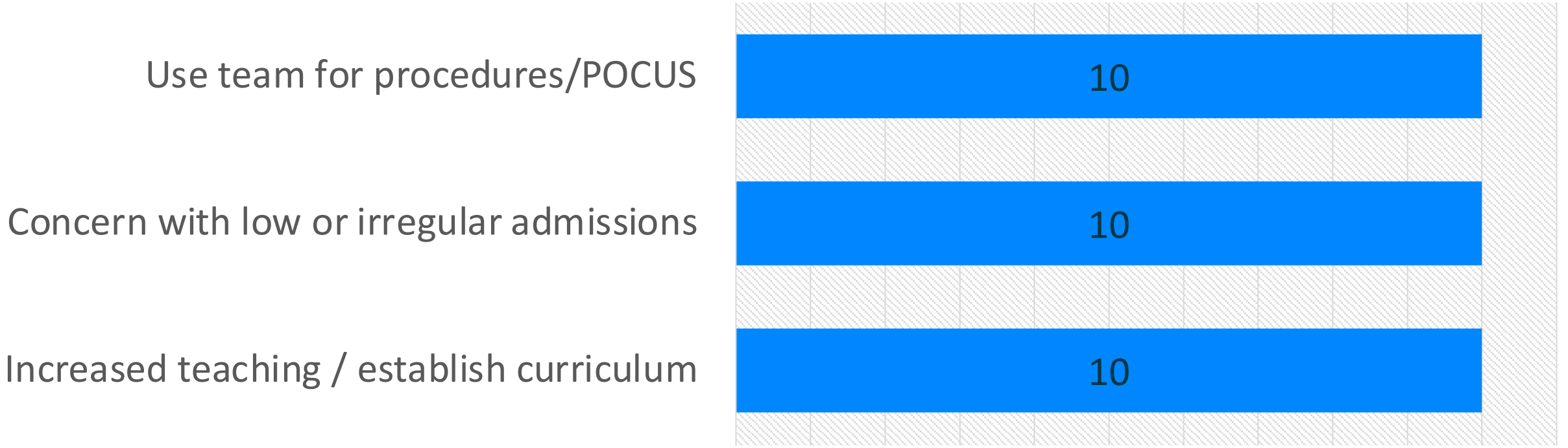


Admitting Team Feedback - Top 5



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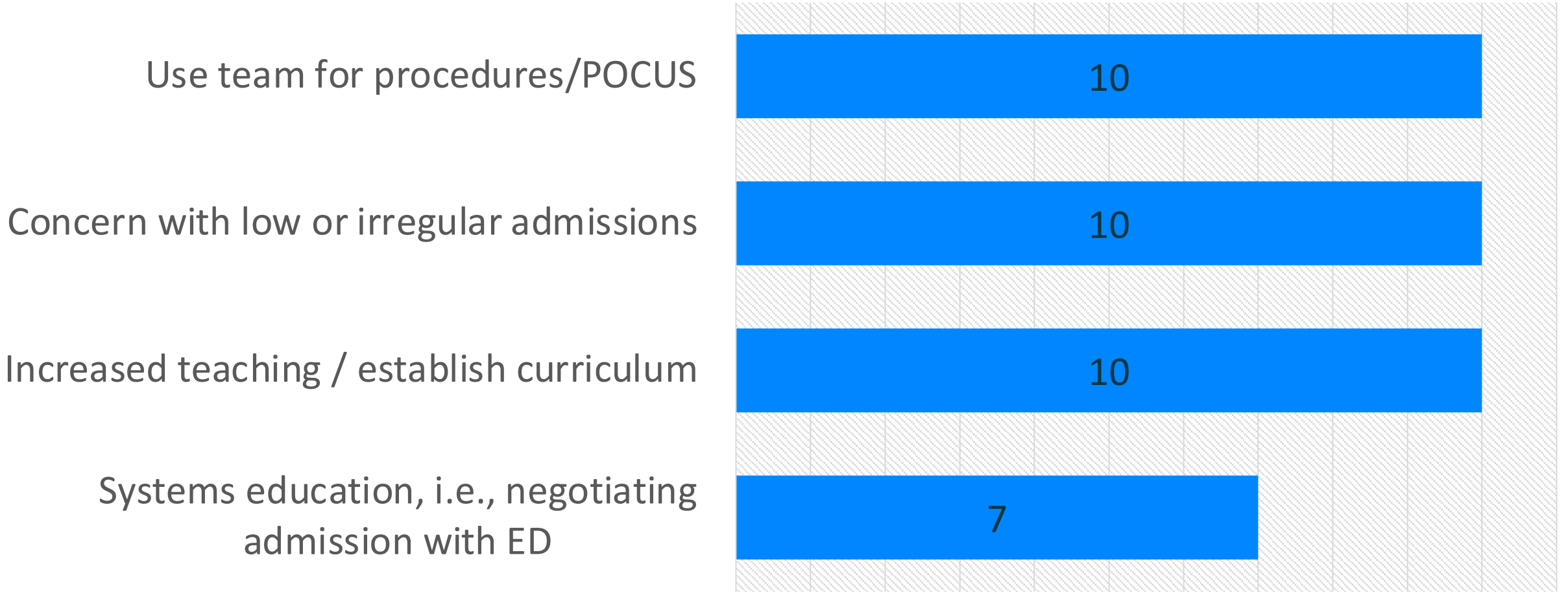
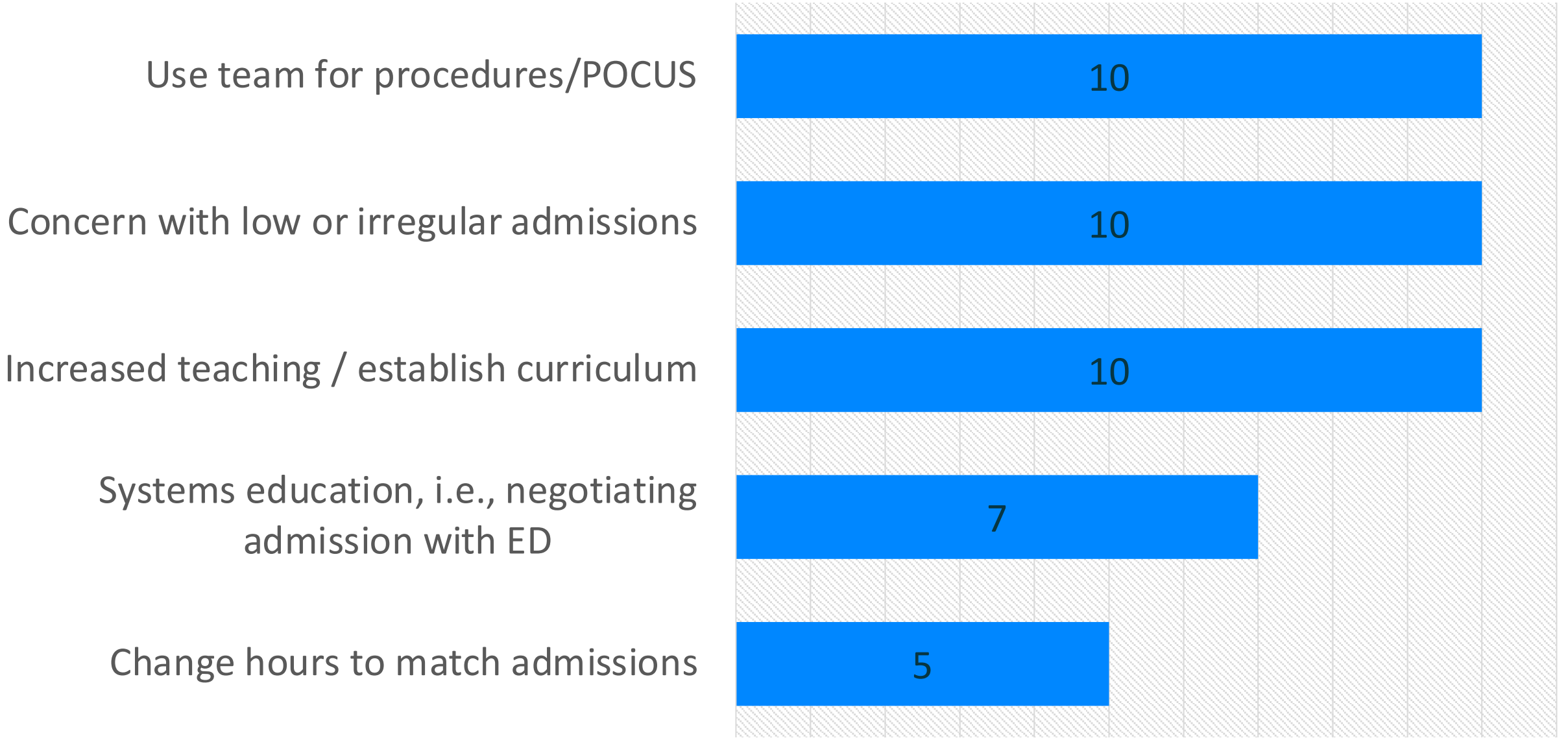


Admitting Team Feedback - Top 5



Pairwise Correlations

Correlations

			Admitting Hours / day	Teaching Hours / day	Academic Preparation Hours / day	**Preference Towards Admitting Team**	Percieved Negative Effect on Care
Kendall's tau_b	**Admitting Hours / day**	Correlation Coefficient	1.000	-.223	-.035	**.463***	-.321
		Sig. (2-tailed)	.	.186	.838	**.010**	.084
		N	22	22	22	**22**	22
	Teaching Hours / day	Correlation Coefficient	-.223	1.000	.103	-.028	.034
		Sig. (2-tailed)	.186	.	.551	.881	.858
		N	22	22	22	22	22
	Academic Preparation Hours / day	Correlation Coefficient	-.035	.103	1.000	.082	-.292
		Sig. (2-tailed)	.838	.551	.	.657	.125
		N	22	22	22	22	22
	Preference Towards Admitting Team	Correlation Coefficient	**.463***	-.028	.082	1.000	-.364
		Sig. (2-tailed)	**.010**	.881	.657	.	.075
		N	**22**	22	22	22	22
	Percieved Negative Effect on Care	Correlation Coefficient	-.321	.034	-.292	-.364	1.000
		Sig. (2-tailed)	.084	.858	.125	.075	.
		N	22	22	22	22	22

*. Correlation is significant at the 0.05 level (2-tailed).

Pairwise Correlations

Correlations

		Preference Towards Admitting Team
Admitting Hours / day	Correlation Coefficient	**.463**
	Sig. (2-tailed)	**.010**
	N	**22**

Conclusion

- We will continue the admitting service
- Working to incorporate feedback

- Happy to discuss implementation details: alex.crist@providence.org

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