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The Intake Jailbreak Evaluation of an admission-focused residency team

Alex Crist
Kang X Zhang

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The Intake Jailbreak

Evaluation of an admission-focused residency team

Alex Crist DO PGY-2, Kang Zhang, MD
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)
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

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

8:00 am

8:14 am
A Typical Day

8:00 am

8:14 am
A Typical Day

8:00 am

8:14 am

4:27 pm
A Typical Day

8:00 am

8:14 am

4:27 pm
Residency education is fragile

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

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

\textsuperscript{1}University of Texas Health Science Center at San Antonio, San Antonio, TX, USA; \textsuperscript{2}South Texas Veterans Health Care System, San Antonio, TX, USA; \textsuperscript{3}University of Texas at San Antonio, San Antonio, TX, USA; \textsuperscript{4}University of Texas at Austin, Austin, TX, USA.
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Complexity + Workload \rightarrow Education time
Residency education is fragile

Mean teaching: 6 min / day
Residency education is fragile

Mean teaching: 6 min / day
1 worsened patient → 1-3 min teaching lost
The Intervention

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
The Intervention

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

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↓ 7% encounters per admission
LOS ↓ 1d
The Intervention

Before:
The Intervention

After:
8:00 am
“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?
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

- Waste of time
- 
- Extremely valuable
2. How valuable do you feel the Purple service is/was to your education?

More Details

Please choose from these options:

- Waste of time
- Extremely valuable
3. Would you prefer to **keep Purple** or return to three separate teams which admit **and** round on patients?

- [ ] Much prefer Purple
- [ ] Option 2
- [ ] No preference
- [ ] Option 4
- [ ] Much prefer 3 admitting & rounding teams
3. Would you prefer to **keep Purple** or return to three separate teams which admit **and** round on patients?

More Details

- Much prefer Purple
- Option 2
- No preference
- Option 4
- Much prefer 3 admitting & rounding teams

Please choose from these options:
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

- No effect on care
- Minimal effects on care
- Occasional effects on care
- Frequent effects on care
- Severe and concerning effects on care
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

- No effect on care
- Minimal effects on care
- Occasional effects on care
- Frequent effects on care
- Severe and concerning effects on care

Please choose from these options:
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

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

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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. Receiving/giving teaching *

7. Preparing for weekly presentation *
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
<table>
<thead>
<tr>
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<tbody>
<tr>
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Admitting Team Feedback - Top 5

1. Use team for procedures/POCUS
   - 10
2. Concern with low or irregular admissions
   - 10
3. Increased teaching / establish curriculum
   - 10
4. Systems education, i.e., negotiating admission with ED
   - 7
5. Change hours to match admissions
   - 5
### Pairwise Correlations

<table>
<thead>
<tr>
<th></th>
<th>Correlation Coefficient</th>
<th>Teaching Hours / day</th>
<th>Academic Preparation Hours / day</th>
<th>Preference Towards Admitting Team</th>
<th>Perceived Negative Effect on Care</th>
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<tr>
<td><strong>Kendall's tau_b</strong></td>
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<tr>
<td><strong>Admitting Hours / day</strong></td>
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<td>1.000</td>
<td>- .223</td>
<td>.035</td>
<td>.463*</td>
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<td>Sig. (2-tailed)</td>
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<td>- .196</td>
<td>.638</td>
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<td>N</td>
<td>22</td>
<td>22</td>
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<td>.861</td>
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<td><strong>Preference Towards</strong></td>
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<td>- .028</td>
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<td>Admitting Team</td>
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<td>.010</td>
<td>.881</td>
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<tr>
<td><strong>Perceived Negative</strong></td>
<td>Correlation Coefficient</td>
<td>- .321</td>
<td>.034</td>
<td>- .292</td>
<td>- .364</td>
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<td>Effect on Care</td>
<td>Sig. (2-tailed)</td>
<td>.084</td>
<td>.858</td>
<td>.125</td>
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*Correlation is significant at the 0.05 level (2-tailed).
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Conclusion

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

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


