UCSF Pulmonary & Critical Care Medicine
Fellowship Training Program
Clinical Responsibilities, Teamwork, and Transitions of Care Policy

Clinical Responsibilities: The clinical responsibilities of each fellow must be based on fellow training level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services.

Teamwork: Fellows at all three of our sites care for patients in an environment that maximizes communication. This includes the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty and larger health system. You will work closely with students, residents, fellows, and faculty from other services as well as nurses, physical therapists, occupational therapists, respiratory care practitioners, nurse practitioners, physician assistants, social workers, case managers, and nutritionists.

Transitions of Care: Fellows will conduct structured handoffs (handovers) between rotations (i.e. from fellow to fellow), on weekends, and at the end-of-shift in the ICU (day-to-night and night-to-day handoffs). Due to the importance of patient safety, the Joint Commission, the ACGME and UCSF GME require that fellows are competent and performing handoffs. Handoffs may be subject to faculty observation to monitor the efficacy of handoffs between fellows.

We have designed clinical rotation assignments to optimize transitions in patient care, including their safety, frequency, and structure. For example, first year fellows rotate in 3 to 4 week blocks and second year fellows rotate in one-month blocks for patient continuity. Fellows and faculty must be aware of the hazards of discontinuity and new regulations and best practices to ensure patient safety and to role model effective handoffs. Some examples of how we do this include rotations to preserve fellow continuity with patients, outpatient clinic teams, etc. Moreover, our first-year fellows usually switch rotations on Mondays so that they can perform end-of-rotation handoffs in-person and face-to-face either before or after the mandatory Monday conference. Moreover, we emphasize communication between inpatient consult and outpatient longitudinal teams. Fellows are required to notify the longitudinal outpatient pulmonary provider when they are seeing a patient hospitalized, and our consult note templates have been explicitly designed to remind fellows to ensure patient continuity.

We require that fellows conduct end-of-rotation handoffs that are structured and reflect best practices (in-person whenever possible – for example, around Monday conference for first-year fellows). Second-year ICU fellows have protected time and space at the end-of-shift, that is, every morning and evening, to conduct in-person handoffs in the fellows' workroom. This is scheduled from 7-8 AM every morning and 6-7 PM every evening and is a required structured face-to-face handoff in a quiet protected space.

Fellows use structured templates and lists to conduct end-of-rotation or end-of-shift handoffs. These lists/template include at least:

- Patient summary (exam findings, laboratory data, any clinical changes);
- Assessment of illness severity;
- Active issues (including pending studies);
- Contingency plans ("If/then" statements);
- Synthesis of information (e.g. "read-back" by receiver to verify);

- Family contacts;
- Any changes in responsible attending physician; and
- An opportunity to ask questions and review historical information.

Faculty oversight of the handoff process may occur directly or indirectly, depending on fellow level and experience. Our fellows use applicable written and/or oral templates to assist them with these structured handoffs.

ACGME requires that our program must ensure that fellows are competent in communicating with team members in the handoff process. As part of evaluations, we do assess Interpersonal and Communication Skills competencies, of which handoff skills are a specific skill. Our program delivers focused and relevant training to build the important skill of handoffs and our faculty use assessment strategies to document fellows' competency in this area.

For more information about handoffs, please consult the following educational resources including:

- "Standardizing the Handoff Process: Better Handoffs, Safer Care"
  - UCSF GME Grand Rounds (online): addresses handoff context and literature and UCSF- specific handoff policies and best practices
  - Available on the GME website:
  - https://meded.ucsf.edu/sites/meded.ucsf.edu/files/documents/graduate-medical-education/rosenbluth.pdfhttps://meded.ucsf.edu/sites/meded.ucsf.edu/files/documents/graduate-medical-education/rosenbluth.pdf (date:2013)
- I-PASS Handoff Toolkit
  - An evidence-based curriculum covering handoffs and communication tools
  - Includes tools for direct observation by faculty or peers
  - Online module available
  - Glenn Rosenbluth and Dan West are local I-PASS experts
  - Available on MedEd Portal (www.mededportal.org, search term: I-PASS)
- Handoffs and Signout Primer: Agency for Healthcare Research and Quality (AHRQ)
  - A literature overview with links to case scenarios and expert discussion that can be used as teaching cases
  - Available at: http://psnet.ahrq.gov/primer.aspx?primerID=9
- Specialty-Specific Tool-Kits
  - Several tool-kits exist that are specific to specialty. One specific one focused on peri-operative handoffs can be found here: http://www.aorn.org/PracticeResources/ToolKits/PatientHandOffToolKit/
- Teaching Video: "Handoffs: A Typical day on the Wards"
  - A peer-reviewed video on MedEdPORTAL that can be used as a trigger for teaching sessions on handoffs
  - Available here: https://www.mededportal.org/publication/8331

Assessment strategies include:

- Direct Observation Tools – may be modified to document competence in handoffs
  - I-PASS observation tools: https://www.mededportal.org/publication/9570

- Additional sample: http://www.ncbi.nlm.nih.gov/pubmed/12639081

- Global Assessments of Interpersonal and Communication Skills may include *specific items reflecting assessment of competence in the handoff process.*
- Peer evaluation tools may be used to evaluate trainees in both giving and receiving handoffs.

Each program must ensure continuity of patient care, consistent with the its policies and procedures in the event that a resident or fellow may be unable to perform his/her patient care responsibilities due to excessive fatigue or illness, or family emergency.

The institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient's care. All clinical staff, should have a mechanism to know which trainee and supervising physicians are responsible for patients and their contact information. UCSF GME supports the use of amion.com for publishing and disseminating schedules. Programs should utilize the pager forwarding system (as applicable and relevant) and the electronic health record handoff tools or equivalent specialty-specific tools.

General Considerations: Because of duty hour requirements, shift work, and schedules that have to accommodate continuity clinics, jeopardy, vacations, and illness, affecting not only Pulmonary & Critical Care Medicine Fellows, but also the housestaff who are primarily responsible for the patients on whom we consult, it is critically important that the process for transitioning care from one Fellow to another be carefully structured and efficiently carried out.

To accomplish this, we have structured our schedule and handoffs as follows:

- Fellows and Attendings do not switch on the same day; this ensures some continuity of care

- Fellows switch rotations every 3-4 weeks and the "official switch" occurs at the end of the Weekly Tri-Hospital Conference. All fellows attend this conference, which allows for an orderly, face-to-face meeting

- Fellows maintain a computerized roster of patients whom we are following. Included are key patient demographics, a list of active issues and pending studies, and contact numbers for the relevant housestaff and attending. At the face-to-face handoff, this list is reviewed together with specific plans.

- Faculty review the same list with the Fellows each morning at the beginning of Rounds - so that both Fellows and Faculty are operating from the same set of information.

- Faculty generally Attend in 1 to 2-week blocks and switch on a different day than do Fellows. Faculty attendings meet to hand off the service and review all of the patients, the active issues and pending studies and procedures. In addition, at this handoff, Faculty also review the Fellow's progress, their command of the service, and any supervision or communication issues that are relevant.

- Schedules for Fellows and for Faculty are posted online on Amion - so that it is always clear who is responsible for each of the clinical services. In addition, there are designated Pagers for each of the clinical services (e.g., Pulmonary Consult Service Fellow, Lung Transplant Service Fellow) and these are handed-off at the time of the switch, so that communication with the Fellow on call does not actually depend upon knowing his/her personal pager.

- Every Friday at Moffitt-Long Hospital we have a Pulmonary Radiology Conference, attended by Fellows and Faculty staffing the Pulmonary Consult Service and the Lung Transplant Service. All active cases in the hospital are reviewed and this provides an opportunity for the Fellow and Attending covering the weekend to review the patients and the active issues.

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