# Establishing a Hospital at Home Educational Curriculum for Medical Trainees

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## INTRODUCTION

- Hospital at Home (HaH) is an emerging model that is quickly becoming a highly sought-after form of care delivery for appropriate patients
- ➤ HaH offers unique educational value to medical trainees, who in turn facilitate the dissemination of information about HaH in the inpatient setting
- ➤ There are few formal educational curricula currently available for trainees
- ➤ The benefits of trainee integration into the HaH model include:
  - An opportunity for trainees to broaden their knowledge and clinical experience in acute home-based care, remote patient management, and collaboration with a decentralized interdisciplinary team
  - > An increased potential for patient referrals
  - ➤ The sustainability of the future HaH provider workforce

## METHODS

- We created a standardized HaH curriculum for internal medicine residents and geriatric medicine fellows across the Mount Sinai Health System
- Trainees actively participate in all aspects of the program including patient screening, admitting, virtual rounding, and home visits
- ➤ An introductory orientation session is conducted with each trainee and access to educational materials is provided through a web-based tool
- Learners collaborate with a decentralized multidisciplinary team including nurses, attending physicians, physical therapists, social workers, and care coordinators

## METHODS

- Direct supervision and feedback are provided on a regular basis by attending physicians
- > The number of enrolled trainees is tracked over time
- Pre- and post-rotation surveys are utilized to assess learners' knowledge of the HaH model and their comfort level with HaH referrals gained through completion of the elective
- Trainees are evaluated through direct observation of the following skill sets by the core HaH staff (Table 1)

| Admitting Attendings:                  |              |                |              |  |  |
|--|--------------|----------------|--------------|--|--|
| Skills                                 | Satisfactory | Unsatisfactory | Not Observed |  |  |
| Identify appropriate patients based on |              |                |              |  |  |
| admission / exclusion criteria         |              |                |              |  |  |
| Documentation (H&P)                    |              |                |              |  |  |
| Present patient during team huddle     |              |                |              |  |  |

| Recovery Coordinators:                 |              |                |                     |  |
|--|--------------|----------------|---------------------|--|
| Skills                                 | Satisfactory | Unsatisfactory | <b>Not Observed</b> |  |
| Perform home safety and social screen  |              |                |                     |  |
| Describe HaH model to patient / family |              |                |                     |  |
| Recognize the barriers to HaH          |              |                |                     |  |

| Rounding Attendings:                   |              |                |              |  |
|--|--------------|----------------|--------------|--|
| Skills                                 | Satisfactory | Unsatisfactory | Not Observed |  |
| Lead virtual visit                     |              |                |              |  |
| Utilize virtual technology             |              |                |              |  |
| Communicate effectively with           |              |                |              |  |
| decentralized multidisciplinary team   |              |                |              |  |
| Documentation (progress notes and      |              |                |              |  |
| discharge summaries)                   |              |                |              |  |
| Execute management plans (place        |              |                |              |  |
| orders, coordinate tele-consults, etc) |              |                |              |  |

| Skills                             | Satisfactory | Unsatisfactory | Not Observed |
|------------------------------------|--------------|----------------|--------------|
| Home-based history assessment      |              |                |              |
| Home-based physical assessment     |              |                |              |
| Medication reconciliation (both on |              |                |              |
| SOC and on visits)                 |              |                |              |
| Home / social assessment on visits |              |                |              |

Table 1. Observed Skill Set

## RESULTS

- ➤ Resident enrollment increased from 11 in 2023 to 15 from January 2024 through September 2024
- Resident survey results and skill set assessments are forthcoming, however are anecdotally favorable

## DISCUSSION

- Creating a formal, standardized curriculum played a crucial role in trainee recruitment
- Feedback obtained from trainees who completed the HaH elective has been overwhelmingly positive
- Trainee involvement has been well perceived by our staff and patients and has helped introduce innovative perspectives to our currently established protocols

### NEXT STEPS

- Data collection from pre- and post-elective surveys will be tallied and used to implement curriculum changes
- The elective will be expanded to accommodate multiple trainees simultaneously and will eventually be made available to medical students
- ➤ Additional standardized educational sessions will be incorporated into the curriculum to enhance trainees' understanding of the HaH care delivery model and its increasing relevance in the current healthcare setting

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