

INTEREST GROUP UPDATE

Ambulatory Handoffs Interest Group

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The study of inpatient handoffs has been widespread, and the concept that a good inpatient handoff between hospital providers is critical is now ingrained in medical education and residency programs. In contrast, handoffs in the ambulatory setting are less well studied and have received less attention. While outpatients do not have the same acuity as inpatients, there are crucial patient–safety problems that arise from handoffs in the outpatient setting. Additionally, these handoffs have unique features that require different approaches and solutions.

Academic general internal medicine programs are an ideal venue to develop best practices. There are multiple ambulatory handoffs with different characteristics; the largest and most predictable is the year-end handoff that occurs when senior residents graduate and handoff their continuity clinic patients. This period of time can be a source of anxiety for patients, physicians, and clinic staff. Additionally, with the advent of “block” schedules such as 3+1 or 4+1, where residents spend 3-4 weeks on inpatient rotations followed by a week of ambulatory medicine, there are even more opportunities for handoffs in the outpatient clinics as residents “sign out” to each other throughout the year. Furthermore, handoffs occur when attending physicians retire or change jobs.

The Ambulatory Handoffs Interest Group formed in 2012 as an offshoot of the Transfers, Handoffs, and Signout Interest Group, as ambulatory handoffs started to receive more consideration by educators

and interest in this topic increased among SGIM members. We seek to share current and best practices, develop new ideas for collaboration, and provide support for quality improvement and education efforts. Members have developed a year-end clinic handoff toolkit that the interest group discusses and disseminates. They have also collaborated on a national survey of Internal Medicine program directors regarding ambulatory handoff practices through the Association of Program Directors of Internal Medicine (APDIM). Members of the interest group lead workshops on ambulatory handoffs as well.

The Engineering Patient-Oriented Clinic Handoffs (EPOCH) toolkit includes the following:

- teaching videos and exercises;
- patient engagement tools;
- a patient comic;
- practice audit tools;
- sample sign outs; and
- tools to organize quality improvement efforts.

It is evidence-based and derived from patients’ experiences and suggestions elicited during patient interviews.¹ The toolkit was implemented first at the University of Chicago in 2011 using standard clinic infrastructure and required long-term planning and staged implementation. After several years of scaling up efforts, it has successfully improved patient outcomes at the University of Chicago residency continuity clinic.^{2,3} Numerous interest group participants adopted these best practices at their own institutions and adjusted tools to fit

their needs. Interest group meetings served as an ideal venue to troubleshoot quality improvement efforts and share strategies for overcoming barriers unique to certain settings or models.

Currently, we are working on a multi-institutional collaboration for a multi-center year-end clinic handoff quality improvement study, creating milestone-based direct observation tools to assess resident competency in year-end handoff activities, and enhancing efforts to study and improve resident block schedule handoffs. Anyone may participate—from trainees to clinic or program directors—and we look forward to seeing you at the national meeting in 2017.

Kindly e-mail me at apincava@medicine.bsd.uchicago.edu if you have any questions.

References

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2. Pincavage AT, Prochaska ML, Dahlstrom M, et al. Patient safety outcomes after two years of an enhanced internal medicine residency clinic handoff. *Am J Med* 2014; 127(1):96–9.
3. Pincavage AT, Lee WW, Venable LR, et al. “Ms. B Changes Doctors”: using a comic and patient transition packet to Engineer Patient-Oriented Clinic Handoffs (EPOCH). *J Gen Intern Med* 2015; 30(2):257–60.