



Medical student perceptions of hospital discharge transitions in care

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To cite this article: Beth Careyva, Danielle Snyderman & Gretchen Diemer (2013) Medical student perceptions of hospital discharge transitions in care, *Medical Teacher*, 35:11, 967-967, DOI: [10.3109/0142159X.2013.786821](https://doi.org/10.3109/0142159X.2013.786821)

To link to this article: <https://doi.org/10.3109/0142159X.2013.786821>



Published online: 22 Apr 2013.



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Letters to the editor

Medical student perceptions of hospital discharge transitions in care

Dear Sir

Improved coordination of care after hospitalizations is essential to decrease readmissions and costs, and most importantly, to prevent undesirable patient outcomes. Changes in care plans may be lost through ineffective communication to the patient or providers, making this transition particularly critical (Kripalani et al. 2007). Third-year medical students are frequently involved in discharges though rarely have opportunities to follow patients after the hospitalization and receive little formal training in transitional care. Students' self-assessed competency in transitional care has been shown to increase after introducing curriculum designed to focus on discharge planning (Bray-Hall 2010).

This study aims to assess third-year medical student perceptions of transitional care following an educational exercise. Students identified a patient and completed a semi-structured telephone interview within 3–5 days after discharge to assess patients' adherence with discharge instructions. The survey involved questions about the discharge process guiding the students to: assess the patient's understanding of perceived need, benefit and disadvantages of the hospitalization, reconcile medications, determine adherence to home services and follow-up appointments, and ascertain if the patient returned to the ED. Students were then asked to comment on their experiences in order to provide an opportunity for reflection. Three independent reviewers analyzed the qualitative data from the students' reflections for emerging themes.

Themes included coordination of care, empathy and patient relationships, in addition to recognition of logistical challenges in patient continuity. Students articulated many components of the discharge process in which difficulties arise and noted that they were more thoughtful in preparing discharge-related documentation when they knew they would be contacting the patient. Several students also highlighted continuity of care and patient relationships as the aspects of this exercise that they found to be most valuable. This exercise serves as an innovative model for incorporating discharge planning into the curriculum of inpatient clerkships

and was found to increase insight into the complexities of transitional care. Transitional care is pivotal in decreasing adverse events and readmission, and we recommend that this education be incorporated into undergraduate medical training.

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Patient participation in, and attitudes towards, community-based medical education

Dear Sir

The training of future doctors relies on their learning in real clinical environments. In Australia the dominant clinical training sites are public teaching hospitals, however community-based medical education is increasingly recognised as an alternative to in-hospital training.

Australian health care is provided through either publically-funded teaching hospitals, or privately provided services in specialist and general practice. Private health services attract a government (Medicare) rebate, but often require a patient co-payment. This public–private divide has created an ethos that private (i.e. paying) patients would not accept the presence of medical students, despite previous studies reporting positive patient perceptions.

The authors surveyed 681 patients attending for private health care to determine whether there was a basis for this ethos. We found that 96% of respondents either had agreed or would agree to the presence of a student, and 46.7% said that