

Training Adult Rheumatology Fellows In Young Adult Transition and Transfer Skills

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INTRODUCTION

- ❖ Healthcare transition has been defined as “the planned, purposeful movement of young adults from child-centered to adult-oriented health-care systems.”
- ❖ The transition from pediatric to adult healthcare is a vulnerable time for adolescents and young adults (AYA) with chronic conditions.
- ❖ Inadequate transition care and abrupt transfer lead to AYA patients falling out of care and may result in significant health consequences.
- ❖ There are published best practice guidelines, and toolkits have been developed with the aim of easing pediatric patient’s transition and transfer.
- ❖ Currently, there are no published curricula to teach transition best practices or utilization of toolkits.
- ❖ An objective structured clinical examination (OSCE) uses a simulated clinical scenario to evaluate clinician’s skills, including patient communication.

METHODS

Fellows participated in a 1-hour workshop on transition & transfer skills, before or after participating in a transition OSCE station, where performance was scored on five transition and transfer skills – as well as one control skill – using a Likert scale of 1-5 (5 being the best performance). Aggregated pre- and post-workshop OSCE scores were compared by unpaired *t*-test. Pre- and post-surveys measured trainees’ self-assessed preparedness with 10 skills.

RESULTS

Self-Assessed Preparedness Increased	Self-Assessed Preparedness Not Increased
Orient young adult to adult rheumatology care (<i>p</i> <0.01)	Establish rapport and trust with young adult patients (<i>p</i> =0.13)
Provide expectations of the young adult patient (<i>p</i> <0.01)	Speak w/ pediatric providers re transferring patients (<i>p</i> =0.07)
Explain differences between pediatric & adult care (<i>p</i> <0.01)	Table 1. Fellows felt better prepared, after participating in the transition workshop, in their ability to perform eight of ten transition/transfer skills covered in the workshop; the remaining two skills showed a trend toward increased preparedness.
Assess young adult self-management skills (<i>p</i> <0.0001)	
Assure young adult of confidentiality (<i>p</i> <0.001)	
Ask parent to leave the room for social history (<i>p</i> =0.01)	
Take a transition-focused adolescent social history (<i>p</i> <0.01)	
Identify barriers to transition and adherence (<i>p</i> <0.05)	Table 2. Of the five transition skills measured by the OSCE, three skills manifested statistically higher post-workshop performances, while the other two showed a trend toward better post-workshop performance. The overall score was statistically significantly higher in those who had participated in the workshop. A control skill was not higher in the post-workshop group.

	Explaining differences btw pediatric & adult care	Placing the AYA patient in the primary role	Assessing self-management skills	Performing an adolescent social history	Assessing barriers to transition & adherence	Average Score	Assessing understanding of disease (control skill)
Pre-workshop	3.5	4.3	3.8	2.8	2.3	3.3	3.5
Post-workshop	4.6	5.0	4.4	4.7	2.6	4.3	2.0
p-value	<0.01	<0.05	0.18	0.01	0.86	0.01	0.01

CONCLUSIONS

- ❖ A brief educational intervention increased adult rheumatology fellows’ perceived proficiency with key transition/transfer skills.
- ❖ Fellows who participated in the workshop had significantly higher scores on the OSCE.
- ❖ Making this curriculum available to trainees in all fields and across medical professions could improve health outcomes for young adult patients transferring from pediatric to adult care in multiple settings.
- ❖ Further exploration is needed to determine optimal teaching strategies for:
 - ❖ enhancing communication between pediatric and adult providers during transfer planning
 - ❖ equipping adult providers with rapport-building skills for working with AYA
 - ❖ training pediatric providers to help AYA develop self-management skills

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