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100 The Use of 24-hour Return Visits To Assess Residents' Patient Centered

Communication and Disposition Ability

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Introduction: Patient Centered Communication (ICS1) and Disposition (PC7) are two of the milestones established by the ACGME and ABEM. These milestones can be difficult to assess because of variability in individual patient interactions. We sought to determine how assessing 24-hour return visits can make the evaluation of these milestones more objective.

Methods: Design and Setting: A retrospective review of patient visits over a six-month period in an academic emergency department with 85,000 visits per year.

Observations: The charts of all patients who returned within 24 hours of an initial visit were identified. Charts were sorted by the emergency medicine (EM) resident who initially evaluated the patient. Patients who were admitted on in the initial visit and those who left against medical advice were excluded. The percent of patients who return within 24 hours was calculated for each resident, as was the percent of patient who were admitted on the return visit. Charts were reviewed to assess ICS1 and PC7.

Results: Over the six month study period, there were 336 patients who were discharged from the ED and returned within 24 hours. Of these, 167 (50%) were seen by emergency medicine residents on the initial visit. The percentage of a resident's total patients that returned within 24 hours ranged from 0.4% to 1.4%, and the percentage of those patients admitted to the hospital on the return visit ranged from 11% to 100%. Review of individual patient charts reveals significant variability in the reasons patients return ranging from very thorough care to missed diagnoses.

Conclusion: Evaluation of 24-hour return visits provides an objective way to begin assessment ICS1 and PC7. The charts of patients who return provide insight into the appropriateness of the initial disposition, and the resident ability to provide anticipatory guidance and establish a follow-up plan. A simple review of statistics, however, is not a reliable for assessing residents-care.