

Study highlights role of continuing education in improving ‘transitional care’

‘Transitional care’, which comprises a range of services designed to ensure the co-ordination and continuity of healthcare as patients transfer between healthcare settings or different levels of care within the same location, has been identified as a key priority in healthcare in Ireland and globally. Problems associated with ‘transitioning’ patients between healthcare settings have been consistently identified as compromising patient safety and quality of care. A scoping review, conducted by a research team at the UCD School of Medicine reported that inadequate transitions often result in inaccurate assessments and diagnoses, delay in treatment, discontinuity in patient care, medication errors, increased rehospitalisation rates, adverse medical events, morbidity, and mortality.

A number of interventions to prevent these problems have been reported. Education and training of healthcare professionals working at the transitional care interface appear to be especially effective in preventing future transitional care related problems. For instance, educational interventions for students and qualified physicians (i.e., medical students, interns, residents, fellows, attending physicians) have an overwhelmingly positive impact on their ability to perform various transitional care tasks including the completion of discharge summaries and medication reviews. Further, educational interventions can have a highly positive effect on learners’ abilities to communicate with key stakeholders (i.e., patients and care staff) during care transitions. In general, educational interventions appear to raise awareness and knowledge of care transitions among participants. However, it is difficult to predict which interventions are most effective in real world settings because despite many studies addressing the interprofessional nature of transitional care, most interventions were primarily aimed at only one group, whereas involving multiple groups of healthcare professionals or medical specialties may be better.

Future research in the area should focus on the impact of educational interventions as there is currently a paucity of studies available examining the effectiveness of such interventions in practice. Research should also focus on developing and evaluating standardised intervention approaches, as most studies to date have used a wide variety of intervention approaches, thus making it difficult to draw meaningful comparisons between different studies. Lastly, there is scant literature investigating the long-term retention of intervention related knowledge and the impact of interventions on clinical practice.

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