

Exposing Students to Handoff Report

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Abstract

The topic selected for the educational project was “Exposing Students to Handoff Report.”

Handoff report is a topic discussed in a clinical post-conference for junior-level nursing students at the University of Southern Indiana; however teaching materials are not provided to the clinical instructors. A literature review was conducted and indicated that limited research is available regarding student exposure to handoff report during the undergraduate nursing curriculum. The literature noted that handoff report can impact patient safety and continuity of care. Participants in the handoff project were 10 junior-level undergraduate nursing students at the University of Southern Indiana. Pre-test results indicated that 60% of students did not know what patient data to include in report and 90% of students did not know how to prioritize data. Students were provided with a presentation and handouts on handoff reporting. Role-play was used to expose students to the skill of handoff report. After implementing the educational project, a post-test evaluation was completed by the participants. Results of the post-test evaluation revealed that as a result of the educational project, 100% of students indicated that they had sufficient knowledge of what patient data to include in handoff and how to prioritize information.

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Exposing Students to Handoff Report

Handoff report occurs numerous times throughout a patient's hospital encounter. The Joint Commission Center for Transforming Healthcare (JCCTH) (2013) estimated that approximately 80% of serious medical errors are a result of miscommunication. Ineffective handoff can result in the following: delayed and inappropriate treatments, omitted care, increase length of stay and costs for the patient, and preventable readmissions (Elsevier, 2012).

Undergraduate nursing students should be educated and prepared to participate in shift handoff in order to provide safe patient care and to be better prepared for their role as registered nurses.

Quality and Safety Education for Nurses (QSEN) competencies were developed in order to better prepare undergraduate nursing students for their role as a registered nurse. The competencies directly address and incorporate the importance of effective communication and handoff reports. Kesten (2011) conducted a study that taught students how to use the Situation, Background, Assessment, and Recommendations (SBAR) tool. Results indicated that students who knew how to use the SBAR had a higher level of skilled communication (Kesten, 2011). The SBAR has been identified as a handoff tool that can improve patient safety, quality of care, fall rates, and the length of handoff report (Wacogne & Diwaker, 2010).

Minimal research is available regarding student exposure to handoff reports. Additional research is needed to determine if role-play can improve students' skilled communication and how the use of the SBAR affects patient outcomes and medication errors (Kesten, 2011). Further research is also needed to determine if undergraduate nursing curriculums should include the topic of handoff reporting and how the content should be included. Wacogne & Diwaker (2010) noted that handoff reporting is a topic that requires additional research. Various forms of handoff exist and research should be conducted to determine the most effective method.

The purpose of the educational project is to explore how clinical instructors can educate students about handoff reports and to provide educational resources that can be used in the clinical setting. A clinical post-conference module was developed as a teach resource. The project will determine the effectiveness of using the SBAR tool and role-play to provide students with a real-life nursing scenario. The purpose of this paper is to describe the development, implementation, and evaluation of the educational project.

Educational Needs Assessment

Determining the Educational Need

While reviewing the clinical calendar with the project preceptor, handoff report was a topic to be discussed during post-conference. There was not a set of instructions or information provided to the clinical instructors on how to teach the handoff post-conference. Handoff is an important component and task completed by the registered nurse. Students often receive minimal information on how to complete a handoff report. As a result of this project, the nurse educator will develop educational materials to present to the students about patient handoffs and engage the students in handoff through role play.

Need for Shift Handoff Post-Conference at the University of Southern Indiana

Junior-level nursing students at the University of Southern Indiana (USI) would benefit from a clinical post-conference that addresses patient handoffs. Students at this level have limited knowledge about handoffs and they do not have experience giving handoff report to other members of the healthcare team. Patient handoffs are vital to ensure the continuity of patient care and safety. The nursing program at the USI incorporates the QSEN competencies into their curriculum and student assignments.

Four of the QSEN competencies are teamwork and collaboration, patient-centered care, evidence based practice and safety (Quality and Safety Education for Nurses [QSEN], 2014). Handoff report encompasses and incorporates the three QSEN competencies noted above. By providing healthcare team members with a proper handoff report, teamwork and collaboration is exhibited and patient-centered care and safety are promoted. By educating the junior-level nursing students about the importance of patient handoffs and how to give a proper handoff report will better prepare the student for his or her role as a registered nurse.

Student and Institutional Need

The clinical post-conference on handoff report will be designed to address the student nurses' need to understand the importance of shift handoff and how to provide oncoming staff with a proper patient handoff. As a result of the student being educated in giving handoff reports, the hospital staff and patients will also benefit. The oncoming healthcare team will be well informed about the patient, which will promote continuity of care and promote patient safety. The nursing program at USI does not currently prioritize shift handoff in the undergraduate curriculum. Providing a clinical post-conference module regarding shift handoff will allow clinical instructors to easily incorporate handoff education in the clinical setting.

Student Characteristics

Students who will participate in the handoff post-conference are junior-level nursing students. The student population consists of traditional and nontraditional students with various ethnicities represented. The specific groups of students who will be educated on handoff report are between 19 to 40 years of age.

Student Population Assessment

Students completed a pre-test survey about handoff reports at the beginning of the clinical rotation. The results of the survey indicated that students were somewhat uncomfortable and somewhat comfortable with patient handoff. The majority of students did not feel as though they had sufficient knowledge to give handoff or prioritize patient data. Pre-test survey results can be viewed in Appendix A.

Learning Style Assessment

A learning style assessment would be possible to complete for the handoff post-conference. However, a learning style assessment was completed by the entire student body in April 2014. Results of the learning style assessment indicated that the majority of students are visual and kinesthetic/tactile learners. For the educational project, teaching strategies that engage all learning styles will be implemented. A PowerPoint will be presented to address the learning needs of visual and auditory learners. Students will also role playing handoff reports which will engage the kinesthetic/tactile learners.

Resources

Adequate resources are available for the identified need of a clinical post-conference handoff module. A literature review was been conducted in order to ensure evidence-based practice was used to develop the handoff presentation. The hospital unit where the post-conference presentation will be held has a conference room that can be used to implement the educational project. Each clinical day has time allotted for post-conference which will be used to implement the handoff presentation and role-play.

Internal Economic Situation

Educating nursing students about handoff report during a clinical post-conference will not require additional financial resources. The clinical calendar listed handoff report as a topic to be addressed; however, it is currently up to the clinical instructor on how to teach students the content. Handoff resources can be located through the university's library database and online. The PowerPoint and role play can be implemented in the clinical setting.

Mission and Vision of the Parent Institution

USI's vision is "Shaping the future through learning and innovation" (University of Southern Indiana, 2014, para. 1). The university's mission is as follows: "USI is an engaged learning community advancing education and knowledge, enhancing civic and cultural awareness, and fostering partnerships through comprehensive outreach programs. We prepare individuals to live wisely in a diverse and global community" (University of Southern Indiana, 2014, para. 2). The mission and vision discuss how the future can be impacted through learning and the advancement of knowledge. By educating nursing students on how to give handoff report, the students can impact the future care of their patients and promote teamwork and safety. Implementing handoff education reflects the mission and vision of the parent institution.

Characteristics of the Academic Setting

In the Evansville area, additional nursing programs include the University of Evansville and Ivy Tech. USI strives to provide a high quality nursing education in the Evansville tri-state. In recent years, the nursing program at the University of Southern Indiana has had one of the highest National Council Licensure Examination (NCLEX) pass rates in the state of Indiana. In order to better prepare students for the NCLEX and to continue to strive to be a distinguished

school of nursing in the Evansville area, students should be educated and prepared to give handoff report prior to graduation.

Project Support

The project preceptor will provide support and guidance throughout the development of the education project. Project content will be reviewed by the preceptor prior to project implementation. There are no stakeholders associated with the educational project.

Literature Review

A literature review was completed to obtain articles pertaining to shift handoff and educating students about handoff reports. The CINHALL and ProQuest databases were searched. Search terms included shift handoff, shift handover, change of shift report, shift report, nursing students, and SBAR. Inclusion criteria included the following: published after January 1, 2009, English language, peer reviewed, and available full text. The database search identified many articles pertaining to handoff. Article abstracts were used narrow down the search results and to identify sources applicable to the educational project. An internet search was also completed using the Google search engine. The above mentioned search terms were used and five applicable sources were identified. Inclusion criteria included the following: copyright or publication date no later than January 1, 2009, English language, full text, and data from a reputable government, healthcare, or educational site.

Sources included in the literature review include nine nursing articles, four medical articles, and three healthcare agency sources. An adapted pyramid of evidence was used to determine the level of evidence for each source (Fineout-Overholt, Melnyk, Stillwell, & Williamson, 2010). Levels of evidence included one level IV case-control study, three level V

systematic reviews, five level VI descriptive studies, and seven level VII scholarly sources.

Appendix B contains a table with search results from the initial literature review.

Nursing Handoff

Athanasakis (2013) conducted a literature review, a level V systematic review, to determine what evidence-based data was available regarding current issues associated with nursing shift handoffs. Nineteen articles were reviewed and the following three themes were identified: “handovers’ components, change type of handover, and handovers’ standardization” (Athanasakis, 2013, p. 301). The results of the literature review indicated the need for nurses to place shift handoffs as a priority and to improve current handoff practices (Athanasakis, 2013).

Shift handoff was observed on a medical-surgical unit and problems related to inefficient handoff design and nursing practices were identified (Chung, Davis, Moughrabi, & Gawlinski, 2011). According to Chung, Davis, Moughrabi, and Gawlinski (2011), “During change of shift, verbal reports had variable content, and information was missed in several cases” (p. 255). The study also noted higher amounts of overtime and the inability of nurses to ascertain the patient’s plan of care from the handoff report (Chung et al., 2011). A standardized report tool was implemented on the unit and resulted in shift handoff becoming more in-depth and less frequently missing information in handoff report (Chung et al., 2011). The article is a level VI descriptive study.

Maughan, Lei, and Cydulka (2011) discussed handoffs from a physician’s perspective. The study evaluated physician handoffs in the emergency department making it a level VI source (Maughan, Lei, & Cydulka, 2011). Results of the study revealed that patient information was left out or incorrect in 130 out of 447 observed handoffs and errors were most commonly observed when handoff took longer periods of time (Maughan et al., 2011). For the purpose of the

educational project, the handoff report tool created for the physicians will be used as a guide and visual for undergraduate nursing students.

Shift Handoff and Nursing Students

The University of Southern Indiana School of Nursing incorporates the QSEN competencies into the curriculum and course assignments. Preheim, Armstrong, and Barton (2009) discussed how to restructure the nursing fundamentals course by incorporating the QSEN competencies. The competencies include “patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics” (Preheim, Armstrong, & Barton, 2009, p. 694). The article was a level VII, scholarly source. Each competency has associated knowledge, skills and attitudes that the student should achieve (Preheim et al., 2009). Patient-centered care, teamwork and collaboration, evidence-based practice, and safety can be addressed when educating students about shift handoff.

The use of the SBAR tool and skilled communication was taught to undergraduate, senior nursing students through the use of a lecture and PowerPoint presentation (Kesten, 2011). In the case-control study, level IV, the intervention group participated in role-play in addition to the PowerPoint presentation (Kesten, 2011). Results of the study indicated that students had an increased understanding of skilled communication and students who participated in role-play had a higher performance with skilled communication compared to the students who only received the lecture presentation (Kesten, 2011). The study indicated the need for further research regarding role-play and skilled communication and how the use of SBAR communication impacts medication errors and patient outcomes (Kesten, 2011).

Skaalvik, Normann, and Henriksen (2010) evaluated whether or not oral shift report promoted student learning among third year nursing students. Various student responses were

identified. Some students saw few educational benefits from observing shift report and other students found report to be beneficial to their learning (Skaalvik, Normann, & Henriksen, 2010).

Three themes were identified after interviewing the students; the three themes are as follows:

“The oral shift report (OSR) as a context for professional discussions, content of OSR, and OSR in the context of learning” (Skaalvik, et al., 2010, p. 2304). As a qualitative study, this is a level VI source. Additional research will need to be completed to determine how to improve shift report in order to promote student learning (Skaalvik et al., 2010).

The literature review indicated that there is limited information regarding undergraduate nursing students being educated about shift handoff. Effective handoffs are vital to ensuring the continuity of patient care. Further research should be completed to evaluate whether or not handoff education should be incorporated in undergraduate nursing curriculums.

Types of Shift Reporting and Reporting Tools

In a level VII scholarly source, Wacogne and Diwaker (2010) state that the World Health Organization suggests the SBAR as a central component to handoff report. Using the SBAR has resulted in “improved patient safety, increased quality of care, reduced patient falls during shift change, decreased response time to nurses’ request for patient review and reduced reporting time by 70%” (Wacogne & Diwaker, 2010, p. 173). Implementation of the SBAR also resulted in a decrease in the amount of time required to complete handoff and a decrease in the number of interruptions that occurred during handoff (Wacogne & Diwaker, 2010). Wacogne and Diwaker (2010) noted that handoff is a topic that is not well understood, thus indicating the need for further research.

Raica (2009) conducted a level VI, descriptive study to determine whether or not training nurses on how to communicate with physicians through the use of the SBAR would increase the

nurses' ability to effectively communicate and to evaluate the nurses' self-efficacy. Nurses completed a pre-test, training, and a post-test; results of the pre-test indicated that the nurses were least confident when trying to effectively communicate with rude physicians or when they wanted to make a treatment recommendation to a physician (Raica, 2009). After completing the SBAR and communication training, the post-test results indicated that the nurses were still the least confident when trying to effectively communicate with a rude physician or when making treatment recommendations (Raica, 2009). Post-test scores for communication self-efficacy improved (Raica, 2009).

Sherman, Sand-Jecklin, and Johnson (2013) conducted a level V, systematic literature review to evaluate the current literature regarding bedside report. Benefits to implementing bedside report included the following: an increase in nurse and patient satisfaction and improved patient outcomes (Sherman, Sand-Jecklin, & Johnson, 2013). The review indicated that minimal research has been conducted to evaluate the negative or positive components of the various methods used to complete shift handoff (Sherman et al., 2013). The review also indicated that additional quantitative studies with "adequate sample sizes and determination of statistical significance is needed. Additionally, patient health outcomes associated with bedside nurse report should be investigated to identify best practice" (Sherman et al., 2013, p. 312).

Nurses engage in various forms of clinical reporting. Jefferies, Johnson, and Nicholls (2012) compared the difference between oral and written forms of nursing reports in a level VI descriptive study. Written documentation often included information that pertained to patient observations and condition, the care provided to the patient, medication, and intake and output (Jefferies, Johnson, & Nicholls, 2012). The oral report contained the same information but also included data about the patient's admission, history and plan of care (Jefferies et al., 2012). Oral

reporting is also used to discuss information the nurse has gathered from additional sources such as physicians or other nurses (Jefferies et al., 2012).

Suggestions for Improvement

Kripalani (2011), a physician, discussed the importance of handoffs and how they provide the oncoming caregiver a glimpse of the patient's condition in a level VII, scholarly source. "Successful handovers avoid unwarranted shifts in goals, decisions, priorities, or plans, including omitting or repeating tasks. The handover provides information about the patients' clinical course and condition, as well as what tasks need to be performed" (Kripalani, 2011, para. 4). The process of handoff can be divided into the following four phases: preparation, engagement, dialogue, and post-handover (Kripalani, 2011). The author noted that limited information exists regarding how physicians can improve their handoffs and suggests that physicians be trained on how to complete effective handoffs, for handoffs to be structured, and to consider using an electronic template for structured documentation (Kripalani, 2011).

Hill and Nyce (2010) conducted a systematic review of non-randomized control trials, a level V source. Handoff is a skill that is not commonly taught to healthcare professionals (Hill & Nyce, 2010). Hill and Nyce (2010) identified three essential components to ensure a sufficient handoff report is provided to the oncoming shift. The three components are as follows: "Face to Face, Two way Communication", "Face-to Face Handovers with Written Support", and "Content of Handover Captures Intention" (Hill & Nyce, 2010, p. 49).

The Agency for Healthcare Research and Quality (2012), a level VII scholarly source, reviewed patient handoffs and discussed how discontinuity in handoff reporting can lead to errors in patient care. To remind healthcare providers of pertinent information to discuss during handoff, the ANTICIPATE acronym can be used. ANTICIPATE stands for "Administrative data

must be accurate, New clinical information must be updated, Tasks to be performed by the covering provider must be clearly explained, Illness severity must be communicated, Contingency plans for changes in clinical status must be outlined” (Agency for Healthcare Research and Quality, 2012, para. 4).

The shift handoff provides the oncoming healthcare provider with a clinical picture of the patient; as a result, the handoff is the foundation for the oncoming nurse’s shift (Ortega & Parsh, 2013). The following steps were identified as measures to improve shift handoff: “Communicate effectively, Focus and avoid distractions, Make drug information a priority, Report at the bedside”, and “Consider a checklist” (Ortega & Parsh, 2013, p. 68). By implementing these steps, nurses can provide a more effective handoff report. The article is a level VII scholarly source.

Elsevier reviewed the Targeted Solutions Tool that can be used to measure handoff effectiveness (2012). Problems associated with handoffs were also reviewed and included the following: delayed treatment or treatment that is not appropriate, adverse events, omitted care, prolonged length of stay, preventable readmission, and higher costs (Elsevier, 2012). The SHARE acronym can be used to promote an effective handoff. SHARE stands for “Standardize critical content, Hardwire within your system, Allow opportunities to ask questions, Reinforce quality and measurement” and “Educate and coach (Elsevier, 2012, para. 6). Elsevier is a level VII scholarly source.

JCCTH (2013), a level VII scholarly source, noted that miscommunications account for approximately 80% of serious medical errors. A handoff communication project was developed in order to improve the number of medical errors that are a result of miscommunication. Handoff occurs between two individuals, a sender and a receiver. The receiver is expected to obtain

pertinent information to provide safe patient care and the sender is expected to provide the pertinent information in an appropriate time frame (JCCTH, 2013). The JCCTH (2013) provided examples of miscommunication causes and solutions to correct and prevent further communication errors. The SHARE acronym was noted as a method to assist healthcare providers in remembering pertinent information to include in the handoff report.

Theoretical Framework for the Handoff Project

When developing an educational project for undergraduate nursing students, one should identify a nursing or educational theory to support the development and implementation of the project. The theoretical background can assist in supporting the teaching and learning methods selected for implementation and student learning. A learning theory and a learning concept were selected for the development and implementation of the s educational project. The QSEN competencies were also used as a supporting framework.

Learning Theory

The theoretical framework selected for the handoff project was the Assimilation Theory. The Assimilation Theory was developed in order to explain the processes of meaningful learning (Candela, 2012). In order to achieve meaningful learning, students have to take old and new knowledge and make connections between the content to create new meanings. When students are able to engage in meaningful learning, higher cognitive structures are developed (Candela, 2012). According to the Assimilation Theory, meaningful learning occurs in two different ways. Meaningful learning occurs through reception or discovery (Candela, 2012). Meaningful reception occurs when new content is organized and presented in a logical manner and students are able to incorporate the new content into their existing cognitive structures (Candela, 2012). Meaningful learning occurs in three steps. The first step is for the student to be prepared to learn

the new content in a meaningful way (Candela, 2012). The second step is for the new content or task to have a logical meaning (Candela, 2012). The final step in the process of meaningful learning is to ensure “specific and relevant concepts in the learner’s cognitive structures can interact with the new material” (Candela, 2012, p. 211). Appendix C contains diagrams of the components involved in meaningful learning.

Student responses from the pre-test survey completed in the needs assessment indicated that only 30% of the students knew what patient data should be included in the handoff report and only 40% of students felt as though they could prioritize patient data. Students completed the pre-test survey one week before beginning their first clinical rotation. When the educational project was implemented, the students had completed six weeks of the clinical rotation. During the six weeks, the students became more exposed to patient handoffs because they receive shift handoff each morning on their assigned patient. The six weeks of observing handoff will serve as the students’ previously learned knowledge about handoff because handoff is not a topic that the students have been taught in the classroom. Students will obtain their new knowledge about handoff during the implementation of the educational project. The old and new content about handoff will allow students to engage in meaningful learning and to make associations from what has been observed and what has been taught.

When developing new content, the nurse educator should incorporate the use of multiple teaching strategies in order to engage and promote cognitive and effective student learning (Candela, 2012). Questioning is one method that can be used with the Assimilation Theory. Questioning allows the instructor to assess what the student already knows about the content or topic being taught and requires the student to recall previously learned content (Candela, 2012). Advanced organizers are a second method that can be used. The use of advanced organizers

allows the instructor to provide students with a “process-oriented introductory presentation that emphasize the context for the content” and are introduced before the students begin the new content or task (Candela, 2012, p. 211). Advanced organizers can be executed through the use of a visual presentation and provide students with a generalized framework and understanding of the content or task that will be taught (Candela, 2012).

The educational project will incorporate multiple teaching strategies. Questions will be incorporated throughout the PowerPoint presentation in order to assess the students’ current knowledge about handoff. The pre-test survey was also a method of questioning and revealed the students’ current knowledge and ability to give handoff report. The PowerPoint presentation will serve as an advanced organizer and will introduce students to the topic of shift handoff. After giving students an overview of the importance of an effective handoff report, students will be taught how to use the SBAR method. The final teaching strategy will be role-play. The use of role-play will allow students to participate in a real-life scenario and to engage in active, group learning.

Role of the Faculty

When implementing the Assimilation Theory, faculty will have various roles. Faculty members are responsible for creating the appropriate learning environment to promote and enhance student learning. In regards to the Assimilation Theory, the learning environment should be “active, constructive, and goal-directed” and appropriate for the students’ cognitive level (Candela, 2012, p. 211). Faculty should promote real-life learning scenarios and encourage students to engage in group discussions and learning, discuss assumptions, and incorporate the use of reflection (Candela, 2012). The use of modeling is also beneficial to student learning and changing behaviors and should be incorporated as a teaching strategy (Candela, 2012). Visual

cues can assist students in making associations between the previously learned content and the new content (Candela, 2012). Faculty should limit the amount of new content that is introduced at one time and ensure that the students understand the new content before moving on to a new topic (Candela, 2012). Introducing large amounts of new information at one time can overwhelm the student and will not promote meaningful learning. When large amounts of content are introduced at one time, students are also less likely to understand the content being taught which will inhibit their ability to form appropriate cognitive structures.

The SBAR method will be the primary method taught in order to promote learning and to not overwhelm the students with multiple handoff methods. Visual cues that will assist the students in learning will be the handoff acronyms, SBAR, SHARE, and ANTICIPATE taught in the PowerPoint presentation and provided on the student handout. As noted previously, students will participate in role-play. Students will give one another handoff report on their assigned clinical patients. Giving handoff on their clinical patient will provide students with a real-life scenario and allow for personal reflection. After the completion of the role-play simulation, students will be able to participate in a group discussion regarding their handoff experience. Students will be able to discuss what they discovered about handoff report, share techniques for giving report, and identify strengths and weaknesses.

Role of the Student

The role of the student in the Assimilation Theory can be viewed as untraditional because the student plays an active role in his or her learning. In the Assimilation Theory, the students are responsible for their learning and they must actively engage in the learning process (Candela, 2012). The students have to discover meaning through process strategies and memory (Candela, 2012), the instructor is unable to discover or make associations for the student. Students should

engage in dialogue with one another about real-life scenarios in order to promote the application of the newly learned content (Candela, 2012).

Students will engage in active learning by giving one another handoff report. By role-playing handoff report, the students will be able to discover new meanings and areas for improvement. The student will be able to apply old and new content about handoff during role-play, thus resulting in the opportunity to make new associations and achieve meaningful learning.

Advantages and Disadvantages to the Assimilation Theory

Multiple advantages of the Assimilation Theory have been identified. The first advantage is that the Assimilation Theory focuses on a cognitive approach to learning which increases the students' retention of the content and associations formed between old and new knowledge (Candela, 2012). A second benefit to the Assimilation Theory is that it can help increase the students' problem solving and critical thinking skills (Candela, 2012). The critical thinking and problem solving skills increase as a result of the students taking responsibility for their learning and engaging in meaningful learning. Learning becomes more effective when students are able to make connections between old and new content (Candela, 2012). A third benefit of the Assimilation Theory is that it allows faculty to incorporate real-life scenarios (Candela, 2012). The educational project will allow students to better understand the importance of handoff and assist them in using their critical thinking skills to determine what patient data is pertinent to report and prioritize to the oncoming nurse.

One disadvantage to the Assimilation Theory is that tension between the faculty and students can develop because the students are responsible for engaging in active and meaningful learning (Candela, 2012). Faculty may have a difficult time relinquishing the control of student

learning. A second disadvantage is that it may take students longer to achieve meaningful learning which could create a delay in the course calendar (Candela, 2012). Faculty colleagues may not approve of the non-traditional approach to teaching and the transition from faculty to student led learning could result in negative course and faculty evaluations from the students (Candela, 2012).

Learning Concept

Authentic learning is the learning concept identified and selected for the educational project because of its correlation with the Assimilation Theory. The purpose of authentic learning is to provide students with a clinical experience that will mimic a real clinical encounter as a nurse (Candela, 2012). Providing a real life clinical experience better prepares nursing students for their future career as a registered nurse and assists in developing and practicing skills used in the clinical setting (Candela, 2012). During the implementation phase of the educational project, students will role-play shift handoff and practice giving handoff to their peers. Handoff plays a vital component in ensuring the patient receives safe and efficient care. Role-play will allow students to practice a skill that they will use in their nursing careers. Authentic learning also promotes communication, teamwork, and collaboration (Candela, 2012); each skill is pertinent to shift handoff. Additional benefits to authentic learning include the ability to have students actively engage as a group to evaluate alternatives and students have a higher motivation to learn because the content is applicable to their future role as a nurse (Candela, 2012).

QSEN Competencies

The QSEN competencies provide a supporting framework for the handoff project. The competencies were developed in order to better prepare undergraduate nursing students with the

knowledge, skills, and attitudes required to improve and provide safe, quality patient care (Quality and Safety Education for Nurses, n.d.). Competencies incorporated and supported by the educational project include the following: teamwork and collaboration, evidence based practice, patient-centered care, and safety. Each QSEN competency has associated knowledge, skills, and attitudes (KSA). Evaluating the KSAs can serve as a guide to ensure each student understands how each competency is incorporated into handoff reports. Appendix D provides examples the specific KSAs reflected in the educational project.

As a result of the literature review, evidence based practice indicates that effective shift handoff impacts the continuity of patient care and safety. Teamwork and collaboration is achieved when the nurse completes handoff with the oncoming nurse or healthcare provider. Nurses should take time throughout their shift to review the patient data that is to be included in handoff in order to promote patient safety. The incorporation of the QSEN competencies better prepares the undergraduate nursing students for their licensure exam as well as their future role as a registered nurse.

Educational Project Summary

Project Goals and Learning Objectives

The overall goal of the educational project is to increase student exposure to handoff reports and to increase the student's ability to give an effective handoff report. The clinical post-conference module will focus on using the SBAR handoff tool. Learning objectives were developed for the handoff project and include each of the following learning domains: affective, cognitive, and psychomotor. Addressing each domain of learning will help promote active and meaningful student learning. The learning objectives for the educational project can be viewed in Appendix E.

Teaching Strategies

A learning style assessment was completed by the junior-level nursing students in the spring of 2014. The results of the assessment were used to identify the appropriate teaching strategies for the educational project. The majority of the class indicated that they were visual and kinesthetic/tactile learners. Teaching strategies for the handoff project included a lecture, PowerPoint, questioning, and role-play. Teaching tools included a pre-test, post-test, and handout. The lecture was used to engage the auditory learners, and the PowerPoint and handout were used to engage visual learners. The role-play simulation engaged kinesthetic/tactile learners and allowed each student to incorporate learned information into a real-life scenario.

The pre-test (Appendix A) consisted of eight questions to assess the students' current knowledge and understanding of handoff reports. The post-test (Appendix F) contained several of the same questions that were used on the pre-test, as well as questions to evaluate the handoff project and personal reflection. Multiple choice and short answer formats were used to develop the pre- and post-test questions. The PowerPoint presentation (Appendix G) consisted of 31 slides and questions were incorporated throughout the slides to engage student learning and to have the students recall past knowledge regarding handoff reports. The presentation was brief and lasted approximately 15-20 minutes.

Enablers included the student handout, role-play, and personal reflection. The student handout (Appendix H) was provided as a source for students to use to promote the development of an effective handoff report. Reviewing the acronyms provided on the handout will assist students in determining what patient data is pertinent to include in the report. Role-play enabled the students to engage in the process of handoff reporting. By role-playing handoff report, the students were able to develop new nursing skills by organizing and communicating patient data.

The final enabler is personal reflection. The post-test contained a personal reflection question regarding the students' experience role-playing handoff report and to identify personal strengths and weaknesses. Personal reflection enables the students to evaluate how to improve their handoff and communication skills.

Participants

The participants in the educational project were 10 junior-level nursing students in their first clinical rotation. Prior to implementing the handoff project, students completed a pre-test to assess and evaluate their current knowledge regarding handoffs. Students did not have an assignment to complete prior to the implementation of the educational project. However, students brought patient data to post-conference to complete and role-play handoff reports.

Implementation

The clinical instructor presented a brief lecture and PowerPoint presentation on the importance of effective handoff reports. Components of the PowerPoint included the following: the definition of handoff report, when handoff occurs, the roles of handoff, why handoff is important, benefits to a successful handoff, methods and key components to handoff, the four phases of handoff, and the SBAR, SHARE, and ANTICIPATE acronyms. The PowerPoint presentation also included questions for the students to answer in order to promote recall and active learning.

At the completion of the presentation, handouts with the SBAR, SHARE, and ANTICIPATE acronyms were provided to the students in order to assist them in preparing handoff report. Students were paired together and role-played shift report on their assigned clinical patient. After the student completed report, the student receiving report had the opportunity to provide feedback on how to improve the handoff report. The students were assigned an SBAR

assignment to complete on Cerner. Students could complete the SBAR as if they were giving shift handoff or calling a physician. A post-test evaluation was completed at the conclusion of the educational project to evaluate the project and student learning.

Evaluation

At the completion of the educational project, students completed a post-test evaluation. The post-test evaluation contained several of the same questions as the pre-test survey as well as questions regarding the benefit of the handoff presentation and personal reflection questions. Results of the post-test evaluation indicated that all students identified the handoff project as beneficial to their role as a nurse. One hundred percent of students also indicated that they felt comfortable giving handoff report and that they had sufficient knowledge to prioritize patient data and to determine what information was pertinent to handoff report. Appendix F contains the post-test evaluation and a summarization of the student responses. The post-test evaluation achieved the desired response and results making it a valid tool.

Student learning was validated when the clinical instructor observed the students engaging in handoff report with one another. The post-test evaluation was also used to validate student learning. Questions that were most frequently missed on the pre-test survey were answered correctly by the majority of the students on the post-test evaluation, indicating that learning had occurred. The personal reflection questions on the post-test evaluation indicated that students were able to identify their personal strengths or weaknesses when giving handoff report and methods for improvement. An SBAR was completed by the students in the Cerner documentation system. The completed SBARs were reviewed and indicated that the students had a basic understanding of how to use the SBAR as a guide when calling a physician or giving

handoff report and what information should be included. Debriefing was not a teaching strategy used during the implementation of the educational project.

The nurse educator validated her teaching by observing the students ability to give handoff report and by reviewing student feedback on the areas for project improvement. Suggestions to improve the project are listed on the post-test evaluation in Appendix F. The instructor also validated her teaching by reviewing the students' ability to complete an SBAR documentation form. Students actively participated in the lecture presentation and asked appropriate questions throughout the presentation indicating active learning by the students and effective teaching methods used by the instructor. Based upon students' suggestions for improvement, in future presentations, the nurse educator would include a case study and help students identify missing components of handoff report and provide the student handout at the beginning of the clinical day.

Change Agent and Leadership Role

The National League for Nursing identified eight core competencies for nurse educators. One of the competencies reflects the nurse educator's ability to function as a change agent. Prior to the development of the handoff project, there were no educational materials or resources to be used by faculty in the handoff post-conference. The nurse educator served as a change agent by developing educational materials and resources to be used in the classroom or clinical post-conference setting. After the nurse educator implemented the educational project, the teaching materials were shared with the clinical course coordinator and clinical faculty members to be used in future clinical post-conferences.

The clinical course coordinator and project preceptor has discussed with the nurse educator the possibility to using the handoff educational materials in an undergraduate nursing

course. The undergraduate course focuses on teaching students pertinent skills used in the clinical setting prior to their first clinical rotation. Incorporating the handoff presentation would be an addition to the current curriculum and represent how the nurse educator has served as a change agent by identifying the need to educate students about handoff reports.

Dissemination of the handoff project will occur in multiple ways. The handoff materials will be provided to clinical faculty to be used in future post-conference discussions. As noted above, the handoff materials may be incorporated into an undergraduate skills course, which represents further dissemination. The educational project preceptor has also suggested that the nurse educator should submit an abstract to the 20th Annual Nursing and Health Professional Educator Conference held each fall at the USI. If the abstract is accepted, the handoff project will be disseminated to not only nursing faculty, but also to educators from programs such as respiratory therapy, occupational therapy, and physical therapy from various colleges and universities.

Conclusion

In order to reduce the number of medical errors that result from miscommunication, members of the healthcare team must be educated on effective communication and handoff reports. Exposing undergraduate nursing students to handoff reporting early in the program curriculum will help increase their handoff and communication skills before becoming a licensed nurse. Students will also be more prepared for their clinical rotation and play a role in maintaining the patient's safety and continuity of care.

The literature review and QSEN competencies served as a guide and supporting evidence for the development of the educational project. Students indicated that they found the educational project to be beneficial to their future careers and role as a registered nurse. The post-test

evaluation results revealed an increase in the students' knowledge regarding handoff report and their level of comfort when giving handoff to other healthcare professionals. By incorporating the educational project into the clinical post-conference setting, nurse educators can assist students in developing the communication and organizational skills required to prepare and give an effective handoff report.

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Appendix A

Handoff Report Survey

1. When is handoff report given? Select all that apply:

- a. When a patient is transferred to a different unit
- b. At shift change
- c. When the RN goes to lunch
- d. After a procedure

Answered correctly by 6 out of 10 of students

2. Do you feel that you have sufficient knowledge of what data is important to include in handoff report? Please explain your answer.

- 3 students indicated a basic knowledge of what data to include
3 students indicated that the student did not have sufficient knowledge
3 students indicated sufficient knowledge
1 student only gave examples and did not state yes or no

3. Completing handoff at the patient's bedside improves which of the following? Select all that apply:

- a. RN satisfaction
- b. Patient satisfaction
- c. Quality of care
- d. Patient safety

Answered correctly by 6 out of 10 students

4. Do you feel that you have sufficient knowledge to prioritize patient information for the oncoming RN?

- 4 students stated they had sufficient knowledge
2 students stated they did not have sufficient knowledge
3 students stated they possibly/to an extent had sufficient knowledge
1 student only listed information to include

5. How comfortable do you feel about giving shift report?

- a. Uncomfortable
- b. Somewhat uncomfortable
- c. Somewhat comfortable
- d. Comfortable

- 5 students indicated that they were somewhat uncomfortable
5 students indicated that they were somewhat comfortable

6. What aspects of shift handoff make you uncomfortable?

- Leaving out important information

- Leaving out unimportant information
- Nothing
- Nothing
- Not knowing if the oncoming RN will look in the chart for information
- Covering all of the needed information
- Including correct information
- New/limited nursing knowledge at this point, unsure of having the right skills for handoff
- Being unorganized
- Recommendation

7. What percentage of medical errors is a result of miscommunication?

- a. 35%
- b. 50%
- c. 65%
- d. 80%

Answered correctly by 4 out of 10 students. One student did not select an answer

8. Are you aware of any handoff resources/tools that healthcare providers use to give report? If so, please describe.

- 3 students answered no, 1 student did not answer the question
- 2 students responded with the SBAR
- Other responses included the following: “handoff sheet”, patient snapshot”, “MARS”, “patient chart”, “POC”

Appendix B

Literature Review Table

Initial Literature Review Table				
NURS678 Role Immersion				
Author	Title	Date	Comments Summary	Education or Practice Specific
Raica, D. A.	Effect of Action-Oriented Communication Training on Nurses' Communication Self-Efficacy	Dec. 2009	Discusses the use of the SBAR in relation to physician and RN communication. Clinical trial. Level VI.	Practice
Sherman, J., Sand-Jecklin, K., & Johnson, J.	Investigating Bedside Nursing Report: A Synthesis of the Literature	Sept/Oct 2013	Completing handoff report at the bedside may lead to increased patient and RN satisfaction and improve patient outcomes. Level V.	Practice
Chung, K., Davis, I., Moughrabi, S., & Gawlinski, A.	Use of an Evidence-Based Shift Report Tool to Improve Nurses' Communication	Sept/Oct 2011	The use of a shift report tool can prevent RNs from leaving out pertinent patient information, decrease the time it takes to complete patient handoff, and improve patient care. Level VI.	Practice

Athanasakis, E.	Synthesizing Knowledge about Nursing Shift Handovers: Overview and Reflections from Evidence-Based Literature	Sept-Dec 2013	Review of literature regarding nursing handoffs, importance of communication, impact on patient care, and the need for additional research regarding the development of handoffs. Level V.	Practice
Wacogne, I. & Diwakar, V.	Handover and note-keeping: the SBAR approach	2010	Benefits of the SBAR: patient safety, quality of care, less falls during shift change, less time required for handoff. Level VII.	Practice

Author	Title	Date	Comments Summary	Education or Practice Specific
Kesten, K. S.	Role-Play Using SBAR Technique to Improve Observed Communication Skills in Senior	2011	Indicates the need for interprofessional communication. The SBAR has been used as a method to standardize communication. Can help reduce sentential events. Limitation to the SBAR is the need for education/training. SBAR can improve teamwork. Role play with the SBAR can increase nursing students' confidence in their ability to give report. Promotes critical thinking. Little research/evidence is available regarding teaching students about the SBAR. Students were given case studies/simulations and applied the information to the SBAR. No statistical difference between the students who received verbal instruction only or verbal and role play. Students who received the	Education

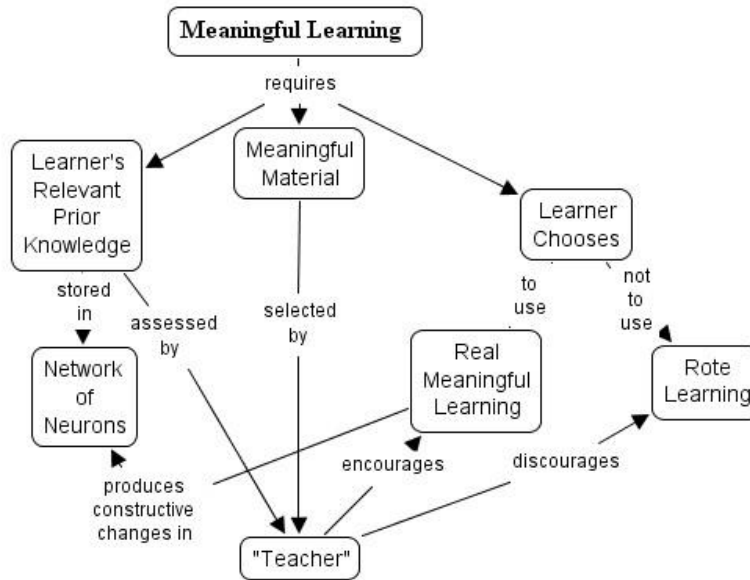
	Nursing Students		role play simulation only performed slightly better with the skilled communication. Level IV.	
Hill, W. & Nyce, J.	Human Factors in Clinical Shift Handover Communication	2010	Handoff is a skill that is rarely taught. Research indicates the need for improvement. Three important components of handoff are 2-way, face to face communication, written information, and consent in handover. Level V.	Practice
The Joint Commission for Transforming Healthcare	Hand-off Communications	2013	Miscommunication has resulted in 80% of serious medical errors. Provides a link to hand-off solutions (critical content, unit expectations, ask questions). Level VII.	Practice
Preheim, G. J., Armstrong, G. E., & Barton, A. J.	The New Fundamentals in Nursing: Introducing Beginning Quality and Safety Education for Nurses' Competencies	2009	Provides information about each QSEN competency and the knowledge, skills, and attitude that are associated with it. Describes the traditional description with the updated QSEN definition. Level VII.	Education

Skaalvik, M. W., Normann, H. K., & Henriksen, N.	To what extent does the oral shift report stimulate learning among nursing students? A qualitative study	2010	When a student listens to change of shift report, educational opportunities exist. Students indicated what they were exposed to during handoff. Indicates areas for RNs to improve, not just for the students to learn more, but to ensure the oncoming nurse is informed and prepared to care for the patient. Level VI.	Education
Jefferies, D., Johnson, M., Nicholls, D.	Comparing written and oral approaches to clinical reporting in nursing.	2012	Written nursing information pertains to documentation that I part of the patient's permanent medical record. There are often times when a nurse does not document certain information about the patient and that information is often provided to the oncoming nurse through oral reporting. Care planning, medication information, and patient observations were examples of information that is generally provided in the clinical handover but not documented in the patient's medical record. Level VI.	Practice
Kripalani, S.	What have we learned about safe inpatient handovers? Perspective	2011	Written by an MD. Handoff often lacks important info such as meds, active problems, pending tests. Can result in near misses, delays in treatment, ineffective care. Successful handoffs: maintain patient goals, priorities, plan of care, prevents repeated or unwanted tasks. Handoff should include: clinical course, condition, tasks to be performed. Four stages of handoff: preparation, engagement, dialogue, post-handover. Components of handover: verbal exchange, written communication, transfer of responsibility. Level VII.	Practice
Agency for Healthcare Research and Quality	Handoffs and Signouts	2012	ANTICIPate acronym Joint Commission Guidelines for handoff Level VII.	Practice

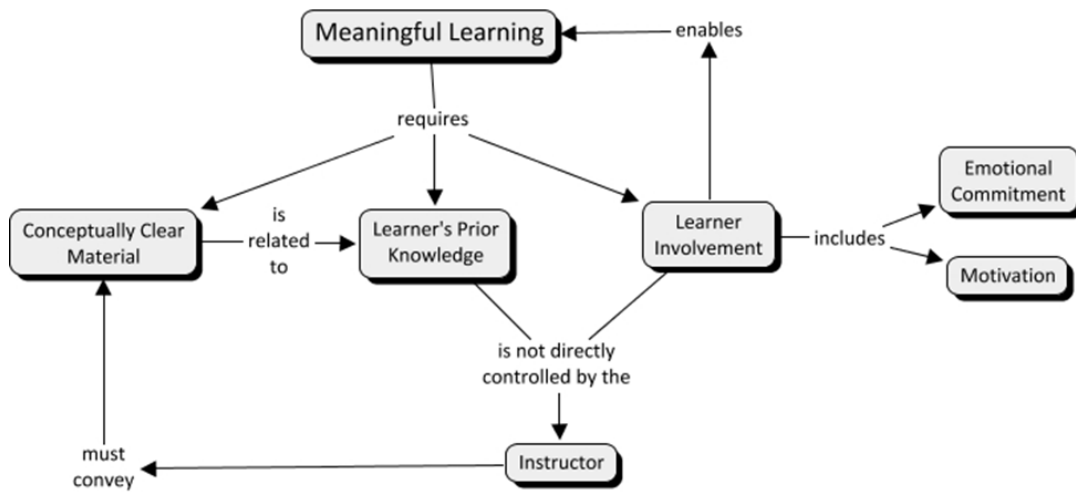
Ortega, L. & Parsh, B.	Improving change-of-shift report	2013	<p>Level VII. Steps to improve handoff.</p> <p>Clear communication: question, clarify, advocate</p> <p>Minimize distractions: write a summary to retain/organize thoughts, avoid missing information</p> <p>Prioritize drug information: current meds, meds not given or refused. New meds. Pain med-calculated Tylenol levels.</p> <p>Bedside report: initial assessment, includes patient and family, clarify information, promote patient safety (ID, fluids)</p> <p>Checklist: development of a checklist can help ensure tasks are completed and summarize assessment data and information is reported to the oncoming nurse</p>	Practice
Maughan, B. C., Lei, L., & Cydulka, R. K.	ED handoffs: observed practices and communication errors.	2011	44,000-195,000 deaths occur each year as a result of miscommunication errors. MD to MD communication is discussed. Table 1 would be a good reference for students. Level VI.	Practice
Elsevier	Handoff communication tool improves patient safety.	2012	<p>Type of issues poor handoff results in. SHARE acronym.</p> <p>http://confidenceconnected.com/2012/10/25/handoff_communication_tool_improves_patient_safety/</p> <p>Level VII.</p>	Practice

Appendix C

Meaningful Learning Diagrams



Institute for Human and Machine Cognition (n.d.a). Retrieved from <http://cmappublic2.ihmc.us/rid=1JZRP8FZW-M19R0B-2L5C/MeaningfulLearning.cmap>



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Appendix D

QSEN Competencies in the Handoff Project

Patient Centered Care

- Knowledge
 - transition and continuity
- Skill:
The student will:
 - communicate the patient's preferences to the healthcare team
- Attitude:
The student will:
 - see the importance of continually improving his or her communication skills

Teamwork and Collaboration

- Knowledge
The student will:
 - analyze the differences between nurse, healthcare team members, and patient communication styles
- Skill:
The student will:
 - communicate with healthcare members and adjust communication style based upon the scenario and receiver
 - implement the use of communication methods that will reduce the risks related to handoffs between healthcare providers and during transitions in patient care
- Attitude:
The student will:
 - value the various types of communication styles used
 - Value the risks related with handoffs among healthcare providers and when care is transitioned

Evidence Based Practice

- Knowledge
The student will:
 - describe how evidence based practice pertains to best clinical practice
- Skill
The student will:
 - identify evidence that pertains to clinical practice
- Attitude
The student will:
 - see the importance of continually improving clinical practice through the incorporation of new knowledge

Safety

- Knowledge
The student will:
 - discuss methods to reduce one's dependency on memory
- Skill
The student will:
 - implement the use of resources such as checklists to reduce dependency on memory
- Attitude
The student will:
 - appreciate his or her role in error prevention

All information used to develop this appendix was obtained from the following source:
Quality and Safety in Nursing Education (n. d.). Pre-licensure KSAs. Retrieved from
<http://qsen.org/competencies/pre-licensure-ksas/>

Appendix E

Exposing Students to Handoff Report Learning Objectives

Cognitive Domain

- Students will discuss the importance of an effective shift handoff (comprehension)
- Students will critique one another's hand off report for strengths and weaknesses (analysis/evaluation)
- Students will develop personal strategies to organize and communicate handoff (synthesis)
- Each student will assess his or her own strengths and weaknesses (evaluation)
- Students will demonstrate the ability to give an effective shift handoff (application)
- Students will write an SBAR handoff report in Cerner (synthesis)

Psychomotor Domain

- Students will properly assemble patient data such as labs, MD orders, assessment data, and medications for handoff report
- Students will demonstrate how to use the electronic medical record to obtain patient data pertinent to shift handoff

Affective Domain

- Students will explain how an effective or non-effective handoff report can impact patient care and the oncoming healthcare provider's shift
- Students will recommend improvements to one another when giving shift handoff.
- Students will reflect on their accountability to maintain safe, quality patient care through handoff reports.

Appendix F

Post-Test Evaluation of the Handoff Project

1. When is handoff report given? Select all that apply:

- e. When a patient is transferred to a different unit
- f. At shift change
- g. When the RN goes to lunch
- h. After a procedure

Answered correctly by 80% of students

2. Do you feel that you have sufficient knowledge of what data is important to include in handoff report? Please explain your answer.

100% of students stated that they knew what pertinent data to include. Two students noted the use of the SBAR or a worksheet to use as a guide when giving report. One student stated that observing RNs give shift report in clinical and answering questions the instructor asked about the patient helped to identify information to include.

3. Completing handoff at the patient's bedside improves which of the following? Select all that apply:

- a. RN satisfaction
- b. Patient satisfaction
- c. Quality of care
- d. Patient safety

Answered correctly by 90% of students. One student did not select RN satisfaction.

4. Do you feel that you have sufficient knowledge to prioritize patient information for the oncoming RN?

100% of students stated that they have sufficient knowledge to prioritize patient data.

5. How comfortable do you feel about giving shift report?

- a. Uncomfortable
- b. Somewhat uncomfortable
- c. Somewhat comfortable
- d. Comfortable

60% percent of students selected that they were somewhat comfortable giving shift report. 30% stated that they were comfortable giving shift report. One student selected somewhat comfortable and comfortable.

6. What aspects of shift handoff make you uncomfortable?

- Providing all of the pertinent information
- Back tracking
- It is a new skill, need to get more used to report
- History and background
- How much information to include, to not go overboard

- Forgetting something important
- Including enough information without monopolizing time on extra information that is not as pertinent
- 2 students stated that they were comfortable with report

7. What percentage of medical errors is a result of miscommunication?

- a. 35%
- b. 50%
- c. 65%
- d. 80%

Answered correctly by 100%.

8. Was the handoff presentation beneficial to your role as a nurse?

- a. Very beneficial
- b. Somewhat beneficial
- c. Neither
- d. Not beneficial

100% of students selected a. very beneficial.

9. What did you learn as a result of the handoff presentation and role-play simulation?

- The importance of properly completing handoff report to prevent med errors and patient outcomes
- Important components to include such as allergies, medicine that is withheld, and important suggestions
- How to respond to questions and report with the SBAR
- What to expect and information you should include that you might not have realized
- A lot of errors occur as a result (of ineffective report) and when to give report
- Better understanding of handoff
- What information to include, more practice speaking with another student
- Difficult the first time, better by the second role play
- When to give handoffs, being more comfortable with practice
- How beneficial performing handoff report really is

10. What suggestions do you have to improve the handoff presentation or role-play simulation?

- Use a case study
- Liven up the PowerPoint colors, colors used were slightly boring
- Provide an example beforehand
- Provide handout before role-play for time to better prepare

11. Provide a personal reflection on the handoff project and role-play simulation. Please consider the following questions: What strengths or weaknesses did you identify when giving report? What part of handoff was the most difficult for you? How will you improve your handoff skills?

- Weakness-writing too slow and missing pertinent information
- Getting side-tracked and sometimes forgetting important details, will find a list to use for giving report

- Strength-good information on the patient but may have gone overboard, weakness-finding information on the sheet, will become more familiar with selected report sheet
- Don't have things grouped well, will use my brain sheet
- Weakness-worried about forgetting information, confused about where exactly to put the information. Will improve by using the acronyms to organize it.
- Weakness-missing components, improve-being more detailed. Most difficult to remember what to include.
- Area lacking most is recommendations, least comfortable with telling others my thoughts, afraid they are wrong
- Nervous and giggly while giving report, getting report started was the most difficult, be more focused on the actual problems will help with report.
- Strength-familiarity, weakness- back-tracking. Most difficult-organization. Will improve with practice.
- Weakness-organizing data or including too much information. Can improve by following a template in the future.

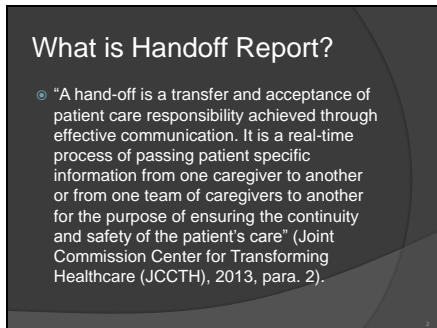
Appendix G

PowerPoint Slides

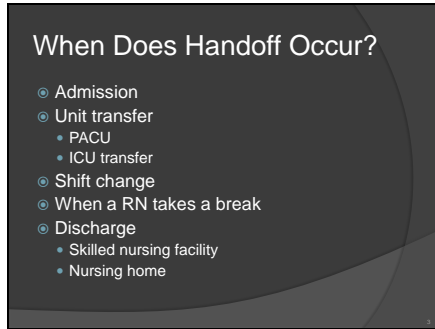
Slide 1



Slide 2



Slide 3

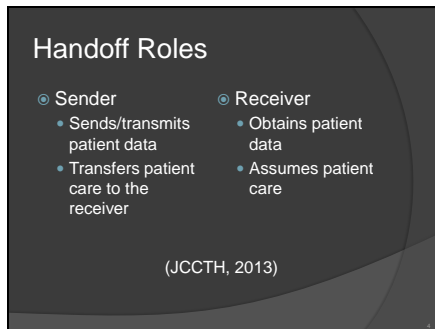


When Does Handoff Occur?

- Admission
- Unit transfer
 - PACU
 - ICU transfer
- Shift change
- When a RN takes a break
- Discharge
 - Skilled nursing facility
 - Nursing home

3

Slide 4



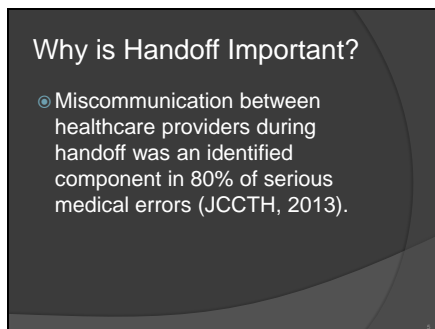
Handoff Roles

• Sender	• Receiver
• Sends/transmits patient data	• Obtains patient data
• Transfers patient care to the receiver	• Assumes patient care

(JCCTH, 2013)

4

Slide 5



Why is Handoff Important?

- Miscommunication between healthcare providers during handoff was an identified component in 80% of serious medical errors (JCCTH, 2013).

5

Slide 6

Question #1

- ⦿ Ineffective handoff can result in which of the following? Select all that apply.
 - Increase length of hospital stay
 - Higher health care costs
 - Patient complaints
 - Nurse bias

Slide 7

Why is Handoff Important?

- ⦿ Ineffective handoff can result in the following:
 - Delay in treatment
 - Inappropriate treatment
 - Adverse events
 - Omitted care
 - ↑ length of stay
 - Preventable readmission
 - ↑ costs(Elsevier, 2012).

Slide 8

Why is Handoff Important?

- ⦿ Delay in patient diagnosis
- ⦿ Clinical incidents that are life-threatening
- ⦿ Complaints

(Wacogne & Diwakar, 2010, p. 173).

Slide 9

Benefits to Successful Handoffs

- “Successful handovers avoid unwarranted shifts in goals, decisions, priorities, or plans, including omitting or repeating tasks. The handover provides information about the patients’ clinical course and condition, as well as what tasks need to be performed” (Kripalani, 2011, para. 4).

Slide 10

Question # 2

- What methods can be used to give handoff report? Fill in the blank.

Slide 11

Methods of Handoff Report

- Written
- Recorded
- Oral

Slide 12

Key Components of Handoff

- ◉ "Face to Face, Two way communication"
 - Opportunity to ask questions
 - Personal communication
 - Gestures, tone of voice, eye contact
- ◉ "Face to Face Handovers with Written Support"
 - Electronic medical record
 - Reduces redundancy
- ◉ "Content of Handover Captures Intention"
 - Handoff should capture current patient problems
 - Focus on the work to be completed and not tasks completed in the past

(Hill & Nyce, 2010, p. 49).

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Key Components of Handoff

- ◉ Effective communication
- ◉ Minimize distractions
- ◉ Prioritize medication information
- ◉ Bedside report
- ◉ Implement the use of a checklist

(Ortega & Parsh, 2013)

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Preparing Handoff

- ◉ Four Phases
 - 1. Preparation
 - 2. Engagement
 - 3. Dialogue
 - 4. Post-Handover

(Kripalani, 2011)

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SBAR

- S=Situation
- B=Background
- A=Assessment
- R=Recommendations

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SBAR

- Created as a method to normalize communication
- Originated from the aviation industry
- Adapted for healthcare use
- Recommended by the World Health Organization

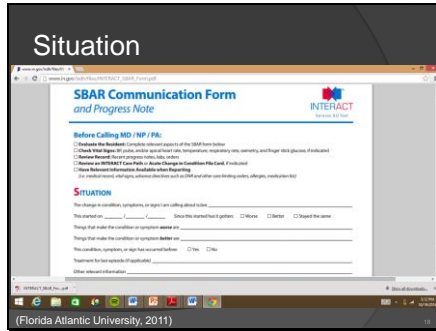
(Kesten, 2010; Wacogne & Diwakar, 2010; Raica, 2009)

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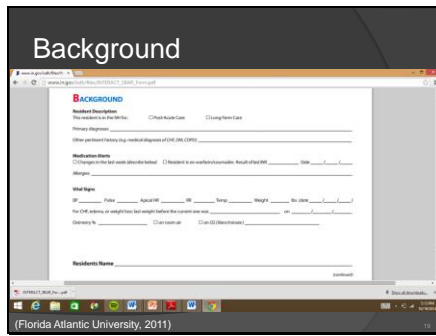
S	<p>Situation: I am (over), at home (or work) (X) I am calling about (child) (X) I am calling because I am concerned that... (e.g. BP is too high, pulse is 100, temperature is 100, Early Warning Score is 3.0)</p>
B	<p>Background: Child (X) was admitted (or (X) date) with... (e.g. respiratory infection) They have had (X) operations (speed of investigation) Child (X)'s condition has changed in the last (XX) mins) They were (X) days since (XX) The child's normal condition is... (e.g. asthma/asthma-free, pain free)</p>
A	<p>Assessment: I think the problem is (XXX) and I have... (e.g. given (X) analgesia, stopped the infusion) OR I am not sure what the problem is but child (X) is deteriorating. OR I don't know what's wrong but I am really worried</p>
R	<p>Recommendation: I need you to... Come to see the child in the next (XX) mins) AND Is there anything I need to do in the meantime? (e.g. stop the fluid/stop the drip)</p>

(Wacogne & Diwakar, 2010, p. 173, Figure 1).

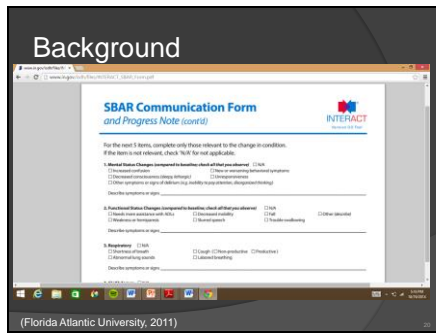
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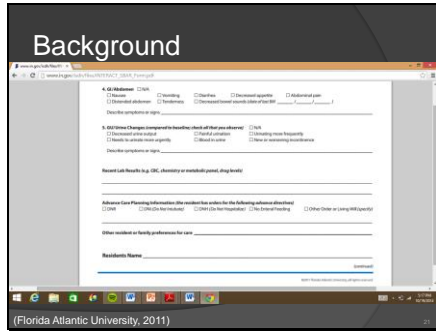
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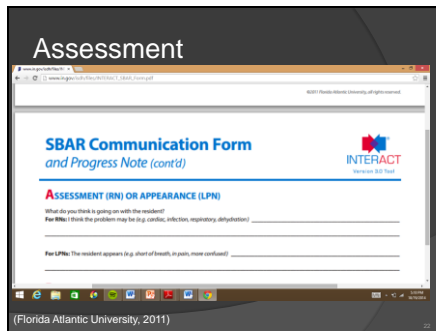
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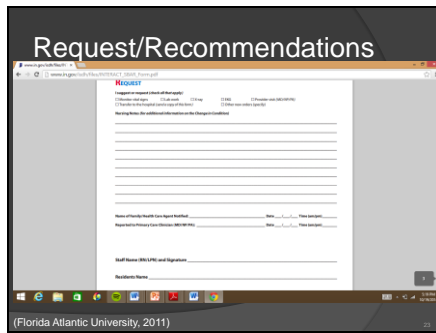
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Slide 22



Slide 23



Slide 24



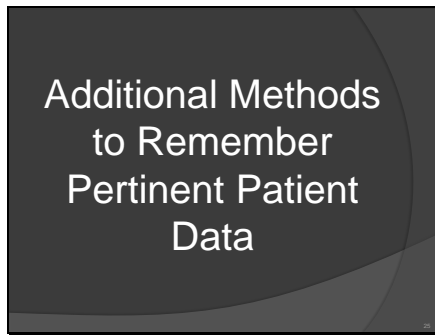
SBAR Benefits

- ⦿ Can improve:
 - Patient safety
 - Quality of care
 - Number of patient falls
 - Self-efficacy of nurses
 - Report time
 - Interruptions during report

(Raica, 2009; Wacogne & Diwaker, 2010).

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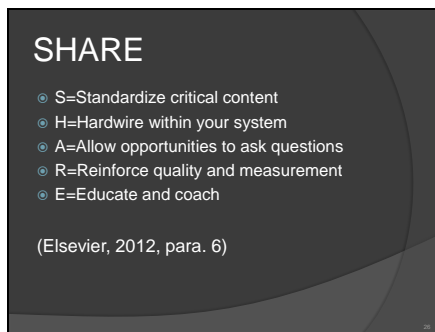
Slide 25



**Additional Methods
to Remember
Pertinent Patient
Data**

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SHARE

- ⦿ S=Standardize critical content
- ⦿ H=Hardwire within your system
- ⦿ A=Allow opportunities to ask questions
- ⦿ R=Reinforce quality and measurement
- ⦿ E=Educate and coach

(Elsevier, 2012, para. 6)

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ANTICIPATE

- ⦿ A=Administrative data must be accurate
- ⦿ N=New clinical information must be updated
- ⦿ T=Tasks to be performed by the covering provider must be clearly explained
- ⦿ I=Illness severity must be communicated
- ⦿ C=Contingency plans for changes in clinical status must be outlined

(Agency for Healthcare Research and Quality, 2012, para. 4.)

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Patient information		Vital signs		All findings noted		Examination not discussed		Examination not discussed	
Room ID#	<input type="checkbox"/> Name <input type="checkbox"/> Age <input type="checkbox"/> Sex <input type="checkbox"/> Brown leather <input type="checkbox"/> MRN	Normal report	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Self complete email first?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Constitutional	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Reason discussed	<input type="checkbox"/> Yes <input type="checkbox"/> No	HEENT	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Treatment discussed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Neck	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Prognosis discussed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cardiovascular	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Notes	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A	Pulmonary	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Weight	<input type="checkbox"/> _____	Neurologic	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Height of sex	<input type="checkbox"/> _____	Psychiatric	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Admission	<input type="checkbox"/> Yes <input type="checkbox"/> Discontinued <input type="checkbox"/> Not discussed	Substance use	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Admission	<input type="checkbox"/> Yes <input type="checkbox"/> Discontinued <input type="checkbox"/> Not discussed	Lab Studies	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Admission	<input type="checkbox"/> Yes <input type="checkbox"/> Discontinued <input type="checkbox"/> Not discussed	Lab Studies	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Admission	<input type="checkbox"/> Yes <input type="checkbox"/> Discontinued <input type="checkbox"/> Not discussed	Lab Studies	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Admission	<input type="checkbox"/> Yes <input type="checkbox"/> Discontinued <input type="checkbox"/> Not discussed	Lab Studies	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal

(Maughan, Lei, & Cydulka, 2010, p. 505, Table 1)

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Role-Play

- ⦿ In assigned pairs, role-play shift handoff using the SBAR technique with your assigned patients.
- ⦿ The RN receiving report should provide feedback to the RN giving handoff.

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Appendix H

Student Handout

S	Situation: I am (name), a nurse on ward (X) I am calling about (child X) I am calling because I am concerned that... (e.g. BP is low/high, pulse is XXX temperature is XX, Early Warning Score is XX)
B	Background: Child (X) was admitted on (XX date) with (e.g. respiratory infection) They have had (X operation/procedure/investigation) Child (X)'s condition has changed in the last (XX mins) Their last set of obs were (XXX) The child's normal condition is... (e.g. alert/drowsy/confused, pain free)
A	Assessment: I think the problem is (XXX) and I have... (e.g. given O ₂ /analgesia, stopped the infusion) OR I am not sure what the problem is but child (X) is deteriorating OR I don't know what's wrong but I am really worried
R	Recommendation: I need you to... Come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime? (e.g. stop the fluid/repeat the obs)
Ask receiver to repeat key information to ensure understanding	

The SBAR tool originated from the US Navy and was adapted for use in healthcare by Dr M Leonard and colleagues from Kaiser Permanente, Colorado, USA
 If you require further copies quote SC043

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E=Educate and coach

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