

# Handoff Educational Strategies and Tactics

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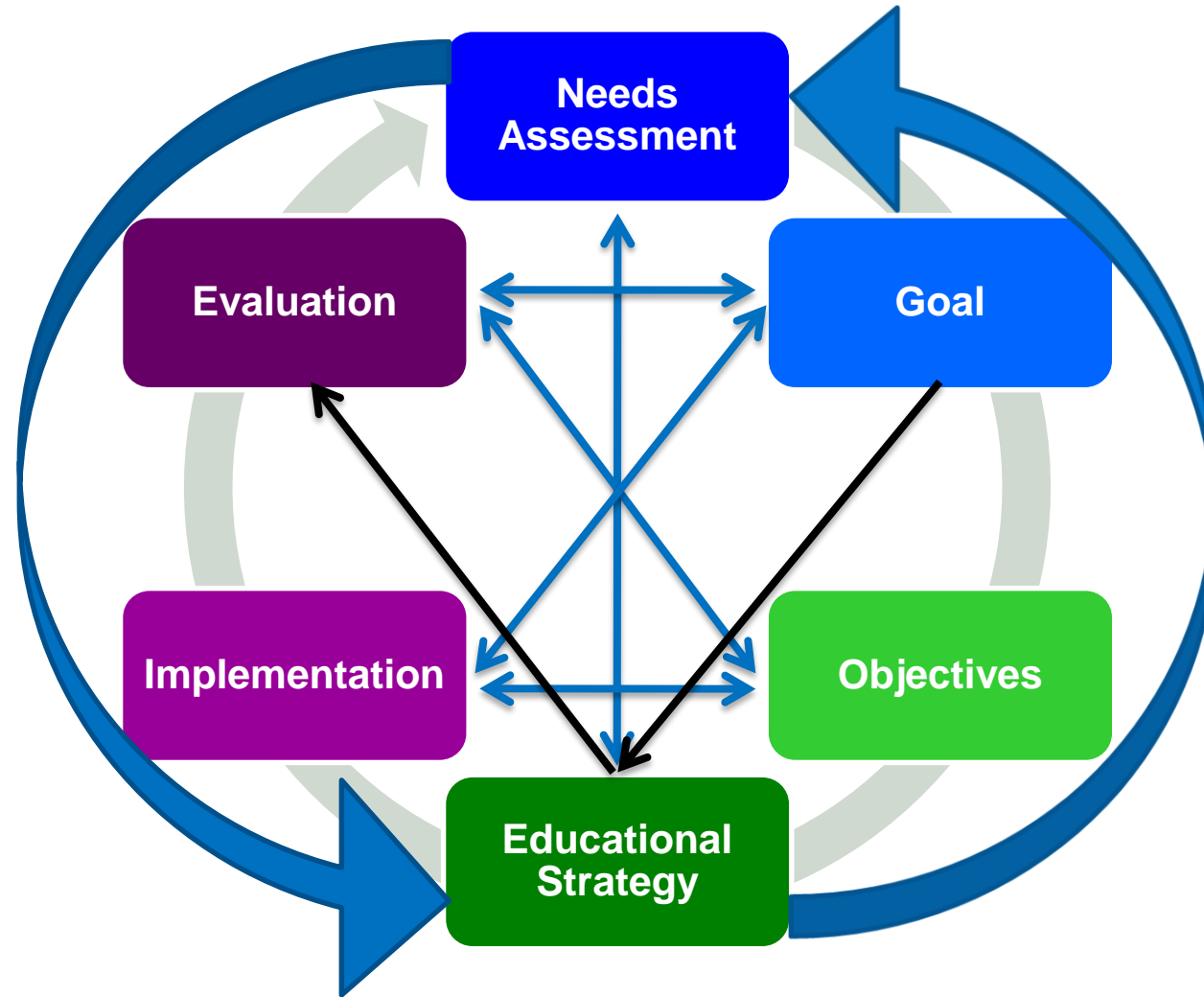
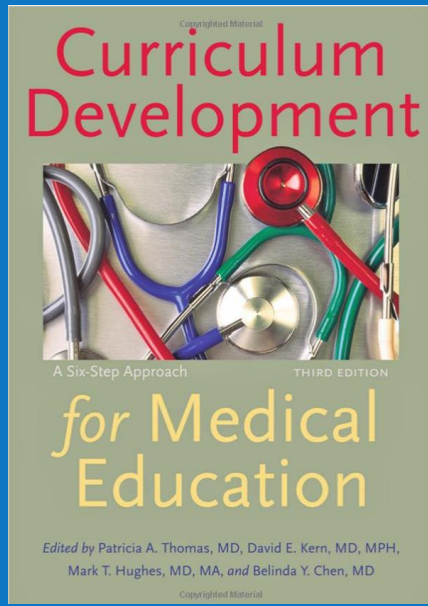
*The University of Alabama at Birmingham, School of Medicine, Birmingham AL*



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Knowledge that will change your world

# Curriculum Development Process



- Adapted from Thomas PA, Kern DE, Hughes MT, Chen BY (ed). Curriculum Development for Medical Education: A Six-Step Approach. 3<sup>rd</sup> ed. Baltimore MD: Johns Hopkins University Press; 2016.
- Rourke L, Boyington C. A workshop to introduce residents to effective handoffs. Clin Teach 2015;12:99-102.

# Needs Assessment

# CRNA handoff requirements



- **AANA: Standard VII<sup>1</sup>**  
Evaluate the patient's status and determine when it is safe to **transfer the responsibility of care**. Accurately report the patient's condition, including all essential information, and **transfer the responsibility of care** to another qualified healthcare provider in a manner that assures continuity of care and patient safety.
- **COA<sup>2</sup>**  
Competency for entrance into practice - Verification by the program that a student has acquired knowledge and skills in patient safety, perianesthetic management, critical thinking, **communication** and professionalism.

1. American Association of Nurse Anesthetists. Standards for nurse anesthesia practice. Available at: <http://www.aana.com/resources2/professionalpractice/Pages/Standards-for-Nurse-Anesthesia-Practice.aspx>. Accessed August 30, 2017.
2. Council on Accreditation of Nurse Anesthesia Education Programs. Available at: <http://home.coa.us.com/accreditation/Documents/2004%20Standards%20for%20Accreditation%20of%20Nurse%20Anesthesia%20Educational%20Programs,%20revised%20June%202016.pdf> Accessed August 29, 2017.

# Accreditation Council for Graduate Medical Education (ACGME)

## GME handoff requirements



- Ensure a common **site-based process** for handoffs
- Provide **education** on transitions of care for residents, fellows, and faculty
- Ensure that faculty **supervise and evaluate** resident/fellow handoffs using **direct observation** that **demonstrates progression** from the need for direct supervision to indirect supervision
- Provide **periodic faculty monitoring** of resident/fellow handoffs **throughout training**

# Handoff readiness



- Entering interns' prior education and preparation for handoffs
  - 2005-2014: **<10%**<sup>1</sup> of medical schools formally taught handoff education to **35%**<sup>2-4</sup>
  - 2017: **76%** reported some form of education; with almost half (**48%**) indicating this was for one hour or less<sup>5</sup>

1. Solet DJ, et al. *Acad Med* 2005;80(12):1094-99.

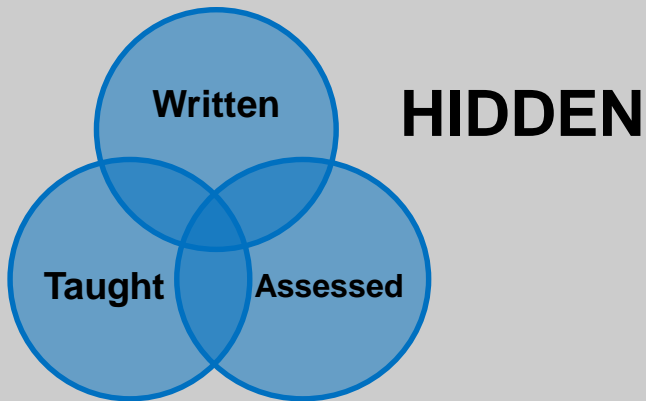
2. Arora VM, et al. *J Gen Intern Med* 2013;28(8):994-998.

3. Allen S, et al. *Acad Med* 2014;89(10):1366-1369.

4. Stojan JN, et al. *Med Teach* 2015;37(3):281-288.

5. Davis R, et al. *Am J Med Qual* 2017; doi: 10.1177/1062860617719128. [Epub ahead of print]

# Hidden Curriculum



- Most current handoff education came from on-the-job training
- Culture eats strategy for lunch
- Hidden curriculum devours handoff education 24/7

# Goal

*Achieve safe, effective, efficient perioperative patient care transitions (handoffs)*



# Objectives

# Implementation

# Paradigm shift



- Interdisciplinary group responsible for handoffs<sup>1,2</sup>
- Plan
  - Identify champions<sup>3</sup> (Innovators)
  - Use quality improvement principles
  - Implement system improvement

1. Horwitz LI, et al. An institution-wide handoff task force to standardize and improve physician handoffs. *BMJ Qual Saf* 2012;21(10):863-871.

2. Klaber RE, Macdougall CF. Maximising learning opportunities in handover. *Arch Dis Child Educ Pract Ed* 2009;94:118-122.

3. O'Toole JK, et al. Placing faculty development front and center in a multisite education initiative. *Acad Ped* 2014;14(3):221-224.

# Educational Strategy

# Faculty development



- Can't assume they learned how to give an effective handoff<sup>1,2</sup>
- Educational strategy
  - Provide hands-on instruction relevant to their practice and time efficient<sup>2</sup>
  - Teach: how to teach, observe, and assess<sup>2</sup>
  - Provide time<sup>2</sup>
  - Develop incentives<sup>3</sup>

1. Klaber RE, Macdougall CF. Maximising learning opportunities in handover. Arch Dis Child Educ Pract Ed 2009;94:118-122.

2. O'Toole JK, et al. Placing faculty development front and center in a multisite education initiative. Acad Ped 2014;14(3):221-224.

3. Held MR, et al. Pediatric residency program handover. Acad Ped 2014;14(6):610-615.

# Proven educational strategies



- Standardization<sup>1</sup> and didactic<sup>2</sup> are not enough
- Deliberate practice: practice with observation and feedback<sup>3-5</sup>
- Simulation, standardize patient encounters, role-play essential<sup>6</sup>
- In-person simulation produces better results than video-based, or computer-based<sup>7</sup>
- Videos of good and bad provide anchors<sup>8</sup>
- Intervention bundles have been successful<sup>9</sup>

1. Antonoff MB, et al. Am J Surg 2013;205(1):77-84.

3. Sawatsky AP, et al. Teach Learn Med 2013;25:279-84.

5. Weinger MB, et al. Anesth Analg 2015;121:957-71.

7. Zendejas B, et al. J Surg Educ 2011;68(6):465-71.

9. O'Toole JK, et al. Acad Ped 2014;14(3):221-224.

2. DeRienzo CM, et al. Acad Med 2012;87(4):403-410.

4. Pukenas EW, et al. J Clin Anesth 2014;26:530-8.

6. Davis J, et al. J Grad Med Educ 2017;9:18-32.

8. Calaman S, et al. Acad Med 2016;92(2):204-9.7.

# Feedback and Evaluation

# Feedback tool: example

## Handoff Assessment Form (Sign-Out PROVIDER)

Evaluator: \_\_\_\_\_ Evaluatee: \_\_\_\_\_ Date Given: \_\_\_\_\_

FOR EACH PATIENT PLEASE CHECK THE FOLLOWING:

Patient # \_\_\_\_\_

Did the provider give:

<b>1. Condition of the patient (sick, not-sick)</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>2. Code status</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>3. Identifying data (age, gender, diagnosis)</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>4. General hospital course (brief summary of course)</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>5. New events that day (new events, tests, treatments)</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>6. Overall health status (improving, worsening)</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>7. Anticipatory guidance with clear plan, rationale</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>8. Follow-up tasks with clear plan, rationale</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>9. Time for questions or clarifications</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO



# Evaluation tool example: Handoff Mini-CEX

**HANDOFF CEX TOOL**

Video:  1  2  3  4  5  6      Date: \_\_\_\_\_

**1. Setting**

*Interruptions  
noisy, chaotic*      *no interruptions  
minimal noise*

1      2      3      |      4      5      6      |      7      8      9

Unsatisfactory      Satisfactory      Superior

**3. Professionalism**

*humiliated, inattentive  
inappropriate comments  
(re: patients, family, staff)*      *focused on tasks  
appropriate comments  
re: patients, family, staff*

1      2      3      |      4      5      6      |      7      8      9

Unsatisfactory      Satisfactory      Superior

**2. Communication Skills**

*disorganized  
vague language  
omitted or irrelevant information  
understanding not confirmed  
to do's lack plan, rationale  
no recognition of sick patients*      *organized  
concrete language  
essential information included  
understanding confirmed  
to do's have plan, rationale  
sick patients identified*

1      2      3      |      4      5      6      |      7      8      9

Unsatisfactory      Satisfactory      Superior

**4. Overall Sign-Out Quality**

1      2      3      |      4      5      6      |      7      8      9

Unsatisfactory      Satisfactory      Superior

**Comments:**

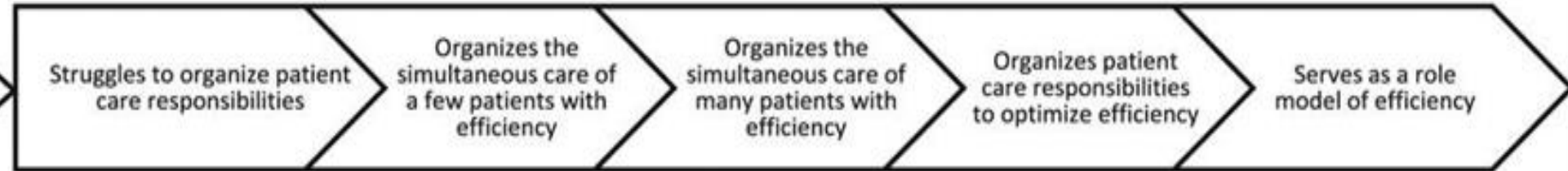
# Entrustable Professional Activity (EPA)

EPA: Facilitate handovers to another health care provider either within or across settings

Milestone Level 1: Novice	Milestone Level 2: Advanced Beginner	Milestone Level 3: Competent	Milestone Level 4: Proficient	Milestone Level 5: Expert
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## Patient care

- Organize and prioritize
- Provide transfer of care



## Interpersonal and communication skills

- Communicate with physicians, other health professionals, and agencies
- Maintain medical records



# Acknowledgements



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# Questions

