



GME Handover Protocol

This protocol includes requirements and recommendations for education, a formal sign-out tool, and competency assessment for transitions of care.

Excerpt of ACGME Requirements (VI.B. Transitions of Care)¹

- VI.B.1. Programs must design clinical assignments to minimize the number of transitions in patient care.
- VI.B.2. Sponsoring institutions and programs must **ensure and monitor effective, structured hand-over processes** to facilitate both continuity of care and patient safety.
- VI.B.3. Programs must **ensure that residents are competent** in communicating with team members in the hand-over process.

Education

All Nationwide Children's Hospital residents and fellows are required to receive education regarding transitions of care and its role in patient safety (adapted²). Formal instruction is required for all NCH trainees during the first year of training at NCH, regardless of training level.

- Handover education for residents occurs during intern orientation and/or following Pediatric Residency American Board of Pediatrics In-training examinations.
- Handover education for fellows is scheduled for July or August Core Competency Lecture Series sessions.

Objectives

- Understand the importance of transitions in care and the consequences of poor-quality handovers.
- Recognize optimal content of written and verbal handovers.
- Understand the differences in purpose, technique, and content between verbal and written handovers.
- Use the SBAR technique in communication of critically important information, not as a handover method.

¹ Accreditation Council on Graduate Medical Education (ACGME), 2011 Common Requirements, http://www.acgme.org/acWebsite/home/Common_Program_Requirements_07012011.pdf, Accessed August 23, 2011.

² Horwitz, L. et al., *Journal of General Internal Medicine*, 22(10): 1470-4.

- Use the 5P + 3-Way format for written and verbal handovers.

Content can be adapted for clinical settings and patient types specific to each training program.

Principles

- Verbal **and** written handover
- Minimize interruptions
- Standardized format, content, and order, with an understanding that patients and their clinical conditions will require flexibility around a consistent structure.
- Highlight important changes- medications, exam findings, mental status
- Communication of short-term plans (e.g. overnight and weekend) and long term goals
- To-do list of tasks with concrete plan and rationale
- Use of if-then statements to provide guidance on management and decisions for anticipated issues
- Problem-based organization, when appropriate

Verbal and Written Communication Tool

As part of the hospital-wide patient safety program (Zero Hero), the 5P's have been used as the standard framework for handovers, both written and verbal. Opportunity should be given for Read-back/Repeat-back communication with clarifying questions, especially for critical information. One possible organization of pertinent information is below (adapted¹). The specifics may be adapted as necessary for clinical setting or patient type.

	Specifics
Patient	<ul style="list-style-type: none"> • Identifying data (name, age, gender) • Current/active diagnoses • Sick? (highlight sick or unstable patients upfront during the handover) • DNR?
Problem Pertinent past medical history	<ul style="list-style-type: none"> • General hospital course ("came in a wk ago hypoxic and hypotensive but improved rapidly with ceftriaxone and IVF") • New events of day ("developed fever, WBC from 8 to 14, portable CXR improved from admission")

¹ Horwitz, L. et al., *Journal of General Internal Medicine*, 22(10): 1470-4.

	<ul style="list-style-type: none"> Current status/condition (“right now, sats are 98% on 2L n/c, afebrile”)
Plan	<ul style="list-style-type: none"> To-Do list to complete overnight with <i>plan and rationale</i> (“look at him in 2 hrs, check vitals, labs won't be resulted- no need to check”)
Precautions	<ul style="list-style-type: none"> Upcoming possibilities with <i>plan and rationale</i> (“if [this], then [that]”)
3-way	<ul style="list-style-type: none"> Read-back/repeat-back of critical information with <i>clarifying questions</i> (“You mentioned a fever. Did you order cultures and start antibiotics?”)

Program-specific details of handover procedure and assessment

**Also highlight differences in your procedure on Fridays/weekends and holidays.*

<i>Handover Procedure</i>	<i>Program-specific details</i>
Who participates in the handovers? E.g. students, residents, fellows, and/or attendings	
Where do handovers take place? E.g. conference room, bedside	
When do formal handovers take place? E.g. frequency in a typical day	
What is used and How is a handover communicated? E.g. EPIC sign out report, department specific document, verbal only, written only	
<i>Assessment Procedure</i>	
How, When, How Often, and By Whom? E.g. questions in monthly evaluations, competency assessments made during semi-annual reviews, once a year, Program Director	

Competency Assessments

In order to “**ensure and monitor effective, structured hand-over processes**”¹, assessments of competency, in context of the type of patient care and training level, must occur regularly throughout the duration of the training program. Assessments can be completed by a number of methods including:

- Initial baseline assessment during facilitated small group sessions
- Direct observation by a supervising physician (e.g. attending evaluation of fellow, senior resident evaluation of intern/junior resident) in the setting of routine patient care
- Audio/video recording of actual or simulated patient handovers
- Inclusion of assessment questions on regularly-scheduled rotation evaluations (also consider evaluation of faculty by fellow or resident when handovers regularly occur amongst these groups)
- Inclusion of this competency assessment on regularly-scheduled semi-annual or quarterly reviews

Examples of assessment tools and questions

- Handover Mini-CEX utilizing the 5P + 3-Way format (adapted²)- see attachment
- Specific questions for rotation evaluations utilizing the scale common to all evaluations:
 - “Uses standardized verbal and written handover communication consistently and efficiently.”
 - “Communication was complete and accurate (which includes an understanding of the key issues/problems and anticipation of critical issues).”

¹ Accreditation Council on Graduate Medical Education (ACGME), 2011 Common Requirements, http://www.acgme.org/acWebsite/home/Common_Program_Requirements_07012011.pdf, Accessed August 23, 2011.

² Horwitz, L. et al., *Journal of General Internal Medicine*, 22(10): 1470-4. Adapted by J. Rushton and A. Djuricich, Indiana University, APPD Share Warehouse, http://www.appd.org/ed_res/share_warehouse.cfm, accessed July 19, 2011.