

EPA 8: Give or receive a patient handover to transition care responsibility

1. Description of the activity	<p>Effective and efficient handover communication is critical for patient care. Handover communication ensures that patients continue to receive high-quality and safe care through transitions of responsibility from one health care team or practitioner to another. Handovers are also foundational to the success of many other types of interprofessional communication, including discharge from one provider to another and from one setting to another. Handovers may occur between settings (e.g., hospitalist to PCP; pediatric to adult caregiver; discharges to lower-acuity settings) or within settings (e.g., shift changes).</p> <p>Functions for transmitter of information</p> <ul style="list-style-type: none">• Conduct handover communication that minimizes known threats to transitions of care (e.g., by ensuring you engage the listener, avoiding distractions).• Document—and update—an electronic handover tool.• Follow a structured handover template for verbal communication.• Provide succinct verbal communication that conveys, at a minimum, illness severity, situation awareness, action planning, and contingency planning.• Elicit feedback about the most recent handover communication when assuming primary responsibility of the patients.• Demonstrate respect for patient privacy and confidentiality. <p>Functions for receiver of information</p> <ul style="list-style-type: none">• Provide feedback to transmitter to ensure informational needs are met.• Ask clarifying questions.• Repeat back to ensure closed-loop communication.• Ensure that the health care team (including patient/family) knows that the transition of responsibility has occurred.• Assume full responsibility for required care during one's entire care encounter.• Demonstrate respect for patient privacy and confidentiality.
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Critical Competency	Pre-Entrustable Behaviors	Entrustable Behaviors
PC 8: Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes	Demonstrates variability in transfer of information (content, accuracy, efficiency, and synthesis) from one patient to the next. Frequent errors of both omission and commission in the handoff. Inconsistently uses available resources (e.g., information from EHR) to coordinate and ensure safe and effective patient care within and across delivery systems. Inefficient transitions of care lead to unnecessary expense or risk to a patient (e.g., duplication of tests or preventable readmissions to the hospital). (PEDS, IM)	Adapts and applies a standardized template, relevant to individual contexts, reliably and reproducibly with minimal errors of omission or commission. Consistently uses available resources (e.g., information from EHR) to coordinate and ensure safe and effective patient care within and across delivery systems. Allows ample opportunity for clarification and questions. Beginning to anticipate potential issues for the transferee. (PEDS, IM)
PBLI 5: Incorporate feedback into daily practice	Does not solicit feedback. Difficulty in considering others' points of view when they differ from his or her own, leading to defensiveness and inability to receive feedback and/or avoidance of feedback. Limited incorporation of feedback into practice (e.g., through superficial or only transient change in behavior). (IM, PEDS)	Regularly solicits feedback and engages in reflection. Internal sources of feedback allow for insight into limitations and engagement in self-regulation. Improves practice based on both external (solicited or unsolicited) feedback and internal insights (e.g., is able to point out what went well and what did not go well in a given encounter and makes positive changes in behavior as a result). (IM, PEDS)
ICS 2: Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health-related agencies	Often communicates from a template or prompt with rigid rules-based recitation of facts. Communication does not change based on context, audience, or situation. Uses unidirectional communication that fails to encourage ideas or opinions from other team members. Does not match communication tool to situation (e.g., email, telephone, pager, texting, electronic health record [EHR], face-to-face). Defers or avoids difficult or ambiguous conversations. (IPEC, PEDS, IM)	Listens actively and encourages ideas and opinions from other team members. Successfully tailors communication strategy and message to the audience, purpose, and context in most situations. Fully aware of the purpose of the communication; can efficiently tell a story and make an argument. Beginning to improvise in unfamiliar situations. Generally matches the communication tool to the situation. Discusses care plans with the team and keeps them up to date. Engages others (e.g., supervisors) to help with feedback to other team members even when those conversations are difficult or uncomfortable. (IPEC, PEDS, IM)