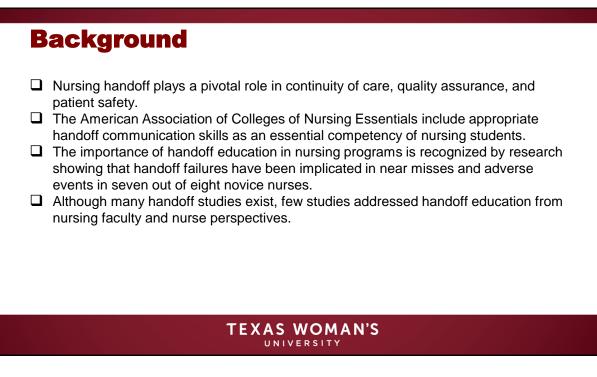COLLEGE OF NURSING
TEXAS WOMAN'S UNIVERSITY

Nursing Handoff Education from Faculty and Nurse Perspectives

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Mikyoung Angela Lee, PhD, RN
Jennifer Wilson, DNP, RN
Venisa Morgan, MSN, RN-BC
Florence Ochieze, MHA, RN
Janice Miles, MSN, RN-BC
Amanda Aguirri, MSN, RN, CHSE
Anna Le, BSN Honors Student

Texas Woman's University College of Nursing

Background

❑ Nursing handoff plays a pivotal role in continuity of care, quality assurance, and patient safety.
❑ The American Association of Colleges of Nursing Essentials include appropriate handoff communication skills as an essential competency of nursing students.
❑ The importance of handoff education in nursing programs is recognized by research showing that handoff failures have been implicated in near misses and adverse events in seven out of eight novice nurses.
❑ Although many handoff studies exist, few studies addressed handoff education from nursing faculty and nurse perspectives.

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Purpose

1. To identify experiences and challenges in handoff education among nursing faculty and nurses
2. To describe needs for improvements in nursing handoff training

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Methods

❑ **Study Design**
  ▪ A descriptive qualitative study
❑ **Data Collection**
  ▪ Participants were recruited via Facebook, LinkedIn, emails, and snowball sampling
  ▪ Individual interviews with semi-structured questions were undertaken via Zoom or by phone.
❑ **Data Analysis**
  ▪ Descriptive content analysis was performed using NVivo 12.
❑ **Sample**
  ▪ 27 Nurse Faculty across states
  ▪ 25 Nurses across states

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Theme 1. Handoff Teaching Pedagogies (Faculty Perspective)

- ❑ Incorporating handoff teaching throughout nursing curriculum, simulation and clinical
- ❑ Handoff report content or focus:
  - ▪ Initial handoff process should include a student's self-introduction & role to patients
  - ▪ Include patient background, diagnosis, procedures, head-to-toe assessment, care planning, treatments, interventions, findings, & patient requests/desires
  - ▪ Emphasize prioritization, organization, synthesis, and communication skills
- ❑ Handoff report format:
  - ▪ Unstandardized and inconsistent across faculty members, institutions, and clinics
    - ➢ Existing tools (e.g., SBAR, AHRQ I-Pass-The-Baton, TeamStepps, ISHAPED) vs. individual faculty own template
  - ▪ Technology formats to teach handoff:
    - ➢ Nursing handoff integrated in the EHR system (e.g., EPIC, CernerEHR, DocuCare)
    - ➢ Simulation tools (e.g., Swift River, Elsevier SimChart, VSim)

Theme 2. Observations of Student Handoff Practice (Faculty Perspective)

- ❑ Faculty reported discrepancies in student opportunities to learn and practice across settings (clinical, lab, didactic)
- ❑ Student barriers to learning:
  - ▪ Unfamiliarity or inexperience with different formats
  - ▪ Difficulty contextualizing handoff expectations across units
  - ▪ Task-oriented and underdeveloped critical thinking skills hinder ability to synthesize & prioritize handoff content
- ❑ Faculty estimated 10-50% of students competent by graduation.
- ❑ Student errors impact stakeholders across program & clinical setting
- ❑ Students' anxiety & low confidence impair learning influenced by:
  - ▪ Internal factors (personality, experience)
  - ▪ External/Clinical factors: faculty/nurses' response (impatient, hurried, critical, frustrated, or provided abbreviated reports)

Theme 3. Evaluation Pedagogies of Student Handoff Learning (Faculty Perspective)

- ❑ Expressed that evaluation an important component of learning handoff process
- ❑ Checked interrater reliability in handoff performance evaluation every semester
- ❑ Faculty & Preceptors shared evaluation responsibility
- ❑ Structured evaluation pedagogies:
  - ▪ Debriefing
  - ▪ Clinical Evaluation Tools (e.g., Creighton Simulation Evaluation Instrument)
  - ▪ Role-play evaluation with scenarios by criteria (e.g., SBAR, TeamSTEPPS)
- ❑ Unstructured evaluation pedagogies:
  - ▪ Subjective feedback without using tools

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Theme 4. Barriers to Teaching Handoff (Faculty Perspective)

- ❑ COVID-19:
  - ▪ Policies limiting clinical experiences and handoff practice
  - ▪ Physical restrictions: Social distancing, PPE shortage, Reduced lab capacity
  - ▪ Increased hours & change in teaching strategies
  - ▪ Technical challenges: Sudden transition to virtual without prep caused disruption for students & faculty
- ❑ Faculty incompetence in teaching handoff
- ❑ Faculty lack of comfortability with clinical bedside handoff practice
- ❑ Faculty lack of technical use, impacting confidence & credibility
- ❑ Lack of standardization of formats & processes:
  - ▪ across curricula within a school
  - ▪ not matched with clinical partners' handoff practice & tools

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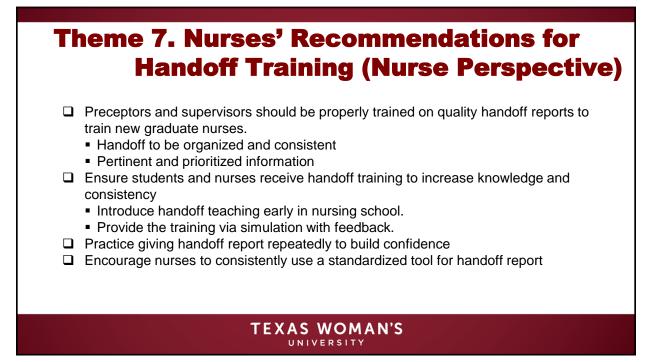# Theme 5: Desires to Improve Handoff Teaching (Faculty Perspective)

❑ Desire to improve handoff instruction to enable students have better opportunities to learn handoff skills
❑ Desire to improve tools for learning
  ▪ Integrated with pre-existing products (e.g., VSim)
  ▪ Standardized teaching templates
  ▪ Improved functionality and versatility in handoff teaching tools
❑ Desire improved methods for evaluating learning and practices
  ▪ Checklist to review students' handoff reports
  ▪ Automated feedback system

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Theme 6. Nurses' challenges in receiving Handoff Training (Nurse Perspective)

❑ Inconsistent handoff report formats
❑ Lack of training for new hires in hospitals
  ▪ Inconsistent handoff training in facilities
  ▪ Preceptor to new hire
  ▪ Nurse to nurse training
  ▪ New hire orientation training
  ▪ Nurse residency program training)
❑ Inconsistent training from nursing school
  ▪ Handoff Practice (giving handoff vs observation)
  ▪ Training place (Curriculum, Sim Lab, Clinicals)
  ▪ Various templates (SBAR vs others)

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Theme 7. Nurses' Recommendations for Handoff Training (Nurse Perspective)

- ❑ Preceptors and supervisors should be properly trained on quality handoff reports to train new graduate nurses.
  - ▪ Handoff to be organized and consistent
  - ▪ Pertinent and prioritized information
- ❑ Ensure students and nurses receive handoff training to increase knowledge and consistency
  - ▪ Introduce handoff teaching early in nursing school.
  - ▪ Provide the training via simulation with feedback.
- ❑ Practice giving handoff report repeatedly to build confidence
- ❑ Encourage nurses to consistently use a standardized tool for handoff report

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Implications for Handoff Education

- ❑ Early introduction and teaching of handoff report in nursing school will prepare nurses with more knowledge, competence, and confidence and reduce their stress in handoff practice
- ❑ Improvement in consistency in teaching approaches and tools/formats is needed for quality teaching handoff and positive student learning outcomes
- ❑ Ensure student handoff learning outcomes with robust evaluation process and tools
- ❑ Need for nurse educators and researchers' involvement in the development of innovative handoff teaching and evaluation tools
- ❑ Handoff education on standardized tools in/with the Electronic Health Record and how to utilize them for a better organized report
- ❑ Consistent handoff report formats in clinical facilities will help nurses give quality and consistent handoff report

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Limitations of the Study

Due to the small sample size, our findings cannot be generalizable to reflect nursing handoff education across academic institutes and clinical education settings.

Conclusions

❑ It is critical to structure effective handoff education to enhance students' nursing handoff competency using consistent handoff instruction and tools.
❑ Faculty reported that the handoff curriculum remained inconsistent regarding content focus, formats, tools, and evaluation.
❑ Faculty desired consistent handoff instruction and tools matched with clinical handoff templates.
❑ Substantial evaluation tools are needed to track student handoff learning progress.
❑ Nurses recommended handoff training using an electronic handoff template to easily navigate and highlight essential patient information updates.

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