

Leading the way in Children's Health

# **UTILISING HANDOVER**

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**AIMS** 

# To maximise education for trainees from handover



### LEARNING OBJECTIVES

- To identify learning opportunities
- To identify barriers to learning\*
- To formulate strategies for maximising education
- To improve the quality of handover



<sup>\*</sup> Time and service pressures. Nursing staff expectations and trainees themselves!

# POTENTIAL LEARNING POINTS TO BE DELIVERED IN HANDOVER

- How to run a handover
- Prioritisation and communication
- Information governance and confidentiality risk of paper copies
- Lessons learnt from specific cases (Sharing of consultant's learning points)
- "Red flags"
- Systemic/organisational points
- Management plans that are for next 24 hours not just for next shift



### SHARED GOOD PRACTICE

- Get handover functioning properly!
- Give the trainees guidelines and a framework (i.e. SBAR) for handover, explain at induction
- Senior nurse presence gets them onboard and promotes MDT learning
- IT support Show X-rays, blood results, etc in the handover
- Use handover teaching as one facet of the departmental teaching programme
- Stay focused don't ramble. Make one point well
- Allocate specific time slot and then task trainees with either researching something or follow up a previous case and feedback to handover



### **RESOURCES**

- Safe handover, Safe patients (guidance on clinical handover for clinicians and managers) – National Patient Safety Agency
- Hospital at night (patient safety risk assessment guide) National Patient Safety Agency

