

Tips for Using the Clinical Handover Educational Training Film

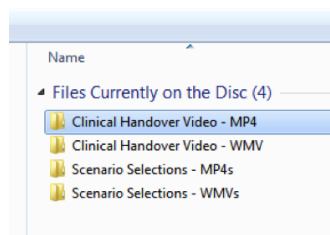
This educational DVD was developed by SA Health and Ageing in partnership with New South Wales Health for the purpose of training clinical staff in best practice clinical handover. This clinical handover DVD follows a patient's journey of care from home to rural emergency department via ambulance, to metro hospital, from recovery to ward, and then transfer back to country hospital for rehabilitation. It contains vignettes of 6 different handovers.

Following Chapter 1 of the film, *The Introduction*, are six vignettes of clinical handover in different stages of the patient journey of care. They are:

1. Ambulance to Emergency Department (Rural setting)
2. Inter-facility (Rural to metro hospital; General Practitioner to Orthopaedic Registrar)
3. Transfer from Operating Theatre Recovery to Ward (RN to RN bedside handover)
4. Medical Officer handover (day shift surgical intern to night shift registrar)
5. Multidisciplinary Bedside handover
6. Hospital to GP (Metro Orthopaedic Registrar to Rural General Practitioner).

The final film clip (Chapter 7) "Mary's Care", is a recap of the six principles of effective clinical handover and showcases the patient's perspective of clinical handover in her journey of care.

If the menu driven system does not work with your software, then this screen will appear:

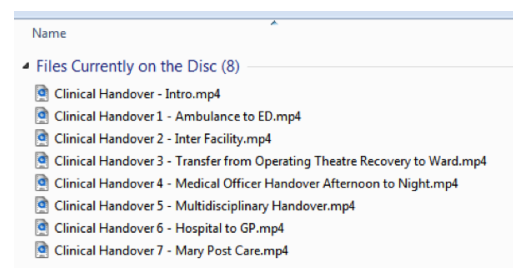


If you wish to watch the entire film (32 minutes) then choose one of the top two folders.

If you wish to show by individual video vignette, then select "Scenario Selections"

(there is the option of MP4 or WMV file format).

The individual files appear in a list on the DVD as follows:



The film has been segmented into chapters to enable a flexible approach to education. It allows you to select the clinical handover vignette most appropriate to the context of the intended audience rather than viewing all vignettes in one sitting. It is recommended to be used in the following manner:

1. First play the Introduction to provide the audience with background and the six principles of effective clinical handover
2. Following this, play one or two vignettes that are appropriate to the clinical context of the audience
3. Then play Chapter 7 to pull together the key principles and emphasize the importance of the patient/carer in clinical handover.

Adopting the behaviours for effective clinical handover takes practice. You may create your own practical exercises, include high or low fidelity simulation or use some of the examples provided below.



Tips for Using the Clinical Handover Educational Training Film

ACTIVITY A Small Group Activity

1. Ask the participants to reflect on events where clinical handover went well, or when compromised clinical handover made it difficult for them to provide safe care.
2. Play the Introduction, selected scenario and then "Mary's Care Post".
3. Provide participants with written scenarios of a "standard patient presentation" in their clinical specialty. This can include specific details such as observations, history and care issues.
4. Break participants into small groups of 3 and encourage them to share their experiences with each other. Then ask participant 1 to use the ISBAR Telephone Note to record the clinical content from the written scenario into the ISBAR headings. Once this has been conducted, have participant 2 handover the information from the ISBAR Telephone Note to Participant 1 incorporating the 6 Principles of Effective Clinical Handover. Participant 3 can role-play the patient and also assess participant 1 and 2 in their use of ISBAR and the 6 principles.



5. This can be used as a collaborative problem-solving exercise that helps participants to learn about their own and others perspectives.
6. Time permitting, ask each individual group to role-play, using Clinical Handover prompts, to the other participants. Encourage the audience to provide feedback on the clinical handover, which will promote reflection and improve technique.

The Clinical Handover film may be used in conjunction with other materials and discussion to promote learner participation.

ACTIVITY B Medical Officer Handover

The Educator introduces the concept of clinical handover and plays the introduction segment from the film to provide background and context of the handover event.

The participants are then asked to form pairs and proceed to giving handover from Participant A to Participant B using the following clinical scenario:

Intern Handover – day to night shift

- > 72 year old
- > P/C SOB, cough, green sputum
- > PHx: smoking, on puffers (seretide, spiriva, ventolin) – but not sure of diagnosis, hypertension, high cholesterol
- > Lives with wife, has been independent, usual exercise tolerance 800m on flat surface
- > Hx: unwell for 6 days, worsening SOB, fever, anorexia, no blood in sputum, Right pleuritic chest pain, restricted to bed due to illness, wheezy
- > O/E: temp 38.2°C, Pulse 110 beats/min, SpO2 92% on 4 L/min, BP 105/65mmHg, Right basal crackles, wheezy
- > CXR result pending, WCC 16.2, CRP 184, Blood Gas not available
- > Started IV penicillin/gentamicin, oral prednisolone, nebulisers, O2 nasal specs
- > Overnight need to check CXR, arterial blood gas, biochemistry results, plus review patient

Following this, the participants are asked to share their examples. The Educator uses this as a teaching tool regarding the 6 principles.

To conclude, the Educator introduces and plays the Doctor to Doctor handover Scenario and discusses with the group the principles of ISBAR and how their previous handover can be improved using the ISBAR categories.

Your feedback and suggestions for using this DVD are welcome and encouraged.

Further resources can be found at:

SA Health <http://www.sahealth.sa.gov.au/safetyandquality>

NSW Health <http://www.archi.net.au/resources/safety/clinical/nsw-handover>

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