



Entrustable Professional Activities

EPA 5 for All Pediatric Subspecialties

EPA 5: Facilitate Handovers to Another Health Care Provider Either Within or Across Settings

Supervision Scale for This EPA

1. Trusted to observe only
2. Trusted to execute with direct supervision and coaching
3. Trusted to execute with indirect supervision with verification of information after the handover for most simple and some complex cases
4. Trusted to execute with indirect supervision with verification of information after the handover for selected complex cases
5. Trusted to execute without supervision

Description of the Activity

As the health care system has increased in complexity, we have seen a commensurate increase in the number of handovers both within settings (e.g., hospital ER-to-floor and floor-to-ICU) and between settings (e.g., home-to-hospital and hospital-to-rehabilitation facility). Transitions of care are extremely vulnerable to error. This EPA is thus critical to our ability to optimize patient safety.

Functions of the health care provider handing over the care of a patient include:

1. Engaging in bidirectional communication of plans and conveying family and patient preferences.
2. Preparing for a handover by reviewing the medical record and updating the written tool (if applicable) to avoid errors of omission
3. Communicating situation awareness, illness severity, patient summary, action planning, and contingency planning to other health care providers, using a standardized template to improve reliability of the information transfer

Functions of the health care professional receiving a handover and accepting responsibility for the patient include:

4. Summarizing the information heard, asking questions when needed to clarify information and to fill any perceived gaps
5. Asking questions when needed for clarifying information and to fill any perceived gaps
6. Restating key action items to ensure understanding
7. Providing feedback to the individual initiating the handover on any problems/errors that occurred, including inaccurate information transmission

Judicious Mapping to Domains of Competence

- Patient Care
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills



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- ___ Professionalism
- ___ Systems-Based Practice
- ___ Personal and Professional Development

Competencies Within Each Domain Critical to Entrustment Decisions

PC 2:	Organizing prioritizing responsibilities
PC 3:	Transferring care
PBLI 5:	Incorporating feedback into practice
PBLI 7:	Using information technology
ICS 3:	Communicating with health professionals
ICS 6:	Maintaining medical records

Context for the EPA

Rationale: Pediatricians/Pediatric Subspecialists participate in multiple types of handovers. There are handovers within settings (e.g., hospital ER-to-floor and floor-to-ICU) and between settings (e.g. home-to-hospital and hospital-to-rehabilitation facility). In addition, there are increased shift changes and transitions of care requiring handover between providers. Pediatricians must be able to effectively provide and receive a patient handover.

Scope of Practice: In every area of practice, there are transitions of care among providers due to shift changes. In addition, there are transitions of care due to changes of patient status that result in movement from outpatient settings to and from inpatient settings, and from subspecialty care to and from primary care. There are transitions of care within settings in the health care system as well, from the operating room to the general inpatient unit, for example. All pediatricians need to be skilled at patient handovers.

Transitions of care are a period of extreme vulnerability for a patient. Medical errors are commonly linked to communication failures. Inherent in this scope of practice, the pediatrician needs to appreciate the importance of effective handovers for patient safety. The pediatrician needs to be skilled at both delivering an effective handover and effectively receiving a handover in both inpatient and outpatient settings.

Curricular Components That Support the Functions of the EPA:

Functions of the health care provider handing over the care of a patient:

1. Engaging in bidirectional communication of plans and conveying family and patient preferences
 - Integrates the expectations of the patients, families, and caregivers to ensure consistency of the plan
 - Encourages the receiver to ask clarifying questions
 - Promotes a shared mental model of the patient and plan of care at the time of transition
2. Preparing for a handover by reviewing the medical record and updating the written tool (if applicable) to avoid errors of omission



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- Demonstrates effective use of a standardized written or computer-based template to prioritize and organize information for handover
 - Ensures document efficiently and effectively supports the transfer of information
 - Appropriately updates document with new information added, while removing information that is no longer relevant
3. Communicating situation awareness, illness severity, a patient summary, action planning, and contingency planning to other health care providers, using a standardized template to improve reliability of the information transfer
- Follows a template to eliminate omissions of data
 - Modifies template as needed based on patient acuity or needs of the receiver (for example, delivering the patient summary by systems in an intensive care unit, but by problems for an outpatient setting)
 - Demonstrates the ability to assign illness severity, recognizing differences in patient acuity level by setting
 - Utilizes a concise patient summary within the template to create a shared mental model about the patient, a description of pertinent events and course to date, and an up to date assessment and plan for the patient's diagnoses and problems
 - Develops a discrete action list with clear instructions with respect to timeline, priority, and the person responsible for completion
 - Communicates clear contingency plans in an "if ... then ..." fashion that promotes situation awareness and a shared mental model of patient care

Functions of the health care professional receiving a handover and accepting responsibility for the patient include:

4. Summarizing the information heard, asking questions when needed to clarify information and to fill any perceived gaps
- Delivers a synthesis of the handover, not a repetition of the complete handover, to confirm a shared mental model of the information communicated
 - Takes ownership for ensuring understanding of the information provided
5. Asking questions when needed for clarifying information and to fill any perceived gaps
- Asks clarifying questions as needed to ensure accurate transfer of complete patient information without ambiguity and to correct any erroneous information delivered
 - Ensures that there are no miscommunications or errors of omission
6. Restating key action items to ensure understanding
- Clarifies timelines for key action items
 - Ensures that contingency plans, for the patient, are established and understood
7. Providing feedback to the individual initiating the handover on any problems/errors that occurred, including inaccurate information transmission



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- Corrects written tool as appropriate if errors are noted
- Engages in a post-shift dialog with the handover provider to provide feedback when a problem/error, resulting from a gap in the handover information, occurs during a shift

References

Spector N, Starmer A, Allen A, et al. I-PASS handoff curriculum: core resident workshop. MedEdPORTAL Publications. 2013;9:9311. http://dx.doi.org/10.15766/mep_2374-8265.9311

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