

MODULE 4

Shift Clinical Handover

Clinical Handover using ISBAR₃



Click link above to play video

Note on using this video

Read the background information to gain an understanding of the scenario context. On watching the video you may feel that while many of the skills are good, perhaps there are some that you might do differently. The communication skills sheet overleaf will support you in unpicking what leads to that evaluation. It can be useful to think in advance about particular skills you are going to see and/or hear or that you want to look out for.

So while playing the video, consider;

- What skills did you **see**? (verbal/nonverbal)
- What skills did you **hear**? (verbal/nonverbal) and the words/phrases used.

Supporting materials

Visit our webpage at <https://bit.ly/3NfroWU> for further supporting materials on good communication skills for shift clinical handover.

Shift Clinical Handover

Background

James is the night nurse and is giving a shift clinical handover to the day nurse Denise coming on duty in an acute hospital setting. The patient's name is Mrs Sarah Hogan. She is 70 years old, is independent and lives with her daughter Mary. The patient was admitted on Sunday after a fall.

Handover content

- Mrs Sarah Hogan, DOB: 26.01.1951 in Room 24 under the care of Professor Slattery was admitted on Sunday for a fall. She is in bed 1.
 - Unwitnessed fall at home. Associated loss of consciousness. Found by her daughter Mary and brought into the emergency department by ambulance.
 - Day 4 post-operative, internal fixation for her left fractured neck of femur.
 - The geriatric team are due to review Mary this afternoon.
 - Atrial Fibrillation on Warfarin, non-insulin dependent Type II diabetes, hypertension and high cholesterol.
 - Some mild pain early in the night. Pain score 2 out of 10. Early Warning Score (EWS) is 0.
 - Currently pain is well controlled with oral analgesia.
 - On IV antibiotics, last dose at 06:00, next dose due at 12:00.
 - Receiving ongoing physiotherapy and due to go to the gym this morning.
 - Recommenced on warfarin (usually takes 3mg at home).
 - Check INR today.
- Moving to discharge. Need to talk this through with Sarah's daughter this afternoon to review home circumstances and discuss the discharge plan.
 - No risks have been identified.

Skills

- James uses good communication skills for building rapport... *"Morning Denise"* (**greeting**) *"and how are you this morning?"*
- Denise responds to his greeting... *"Hi James how are you?"*
- James **uses humour** to make a connection with Denise... *"oh I am glad its morning!"*
- **Sign-posting:** *"Denise you are going to be looking after room 2 today... so if its ok, we will start on bed 1."*
- James then commences the communication by **using ISBAR₃**. During the handover, James uses good communication skills to continue to build rapport with Denise... **good eye contact/open body language/warm facial expression.**
- James also uses good communication skills for giving information as he goes through the Identification, Situation, Background, Assessment and Recommendation sections of the structure... **chunking, pausing, slow pace and providing structure.**

Shift Clinical Handover

- Denise uses good communication skills for **gathering information** during the handover by allowing James to speak **uninterrupted** and encouraging him to continue speaking by using **neutral phrases... mm-mm, yeah of course, ok, ah, ah, fine... during pauses, nodding, maintaining eye contact** to demonstrate that she is listening.
- Denise reads back the handover from James and also **asks a question...** *“are there any risks associated?”* and in doing so, **demonstrates that she has been listening**. This also helps to improve the informational content of the handover and her overall understanding of the patient’s situation.
- James uses good communication skills for **gathering information** during the readback by allowing Denise to speak **uninterrupted** and encouraging her to continue speaking by using **neutral phrases... mm-mm, yeah... during pauses, nodding, maintaining eye contact** to demonstrate that he is listening.
- The readback prompts James to notice that he had omitted some important information... *“You reminded me there when you mentioned back the Afib – the patient was recommended on Warfarin and will need a check INR today.”*

ISBAR₃ Identification

Night nurse is handing over to the day nurse.
Patient’s name is Sarah Hogan. 70 year old lady under the care of Professor Slattery. DOB 26.01.51. Bed 1.

Situation

Sarah lives at home with her daughter Mary. Four days ago, Sarah was found by Mary, she was unconscious having had an unwitnessed fall at home. Sarah was brought by ambulance to the emergency department. She was found to have a fractured left neck of femur. Sarah had surgery that day and is now four day 4 post-operative with internal fixation for her left neck of femur.

Background

Sarah has Atrial Fibrillation and is on Warfarin, She is a non-insulin dependent diabetic with hypertension and high cholesterol.

Assessment

Sarah had some mild pain early on in the night. Pain score is 2 out of 10. Currently Sarah’s pain is well controlled with oral analgesia. Sarah is on IV antibiotics, she received her last dose at 06:00 and her next dose is due at 12:00. Her Early Warning Score (EWS) = 0.

Recommendation, Read-back, Risk

Sarah is receiving on-going physiotherapy and is going to the gym this morning. Sarah will be reviewed by the geriatric team this afternoon. She has recommenced warfarin (usually takes 3mg at home) and will require a check INR today. Moving to discharge. Her daughter Mary is coming in this afternoon and staff need to talk this through with her to review home circumstances and discuss the discharge plan. No risks were identified.