Improving student nurse handoff communication
Jamie Lee, MSN RN CNL, Merle Mast, PhD RN, Margaret Bagnardi, EdD RN CNL CCRN, Janelle Humbert, MSN RN, Sharlene Richards, PhD
James Madison University

Background
Communication is key to providing effective, efficient and safe patient care. However, studies that directly observe student nurses communicating with healthcare clinicians can be challenging to conduct. We describe a pilot study in which clinical simulation is used to provide a means to evaluate student handoff reporting.

Results
Forty four participants enrolled in Transition to Practice were randomly divided into control (n=21) and intervention (n=23) groups. The majority of participants were Caucasian (N = 40, 88.9%), with one Hispanic/Latino (- 1 Asian/Pacific Islander, and 2 identifying as other. Nearly half of the participants in the study had current health care certifications or licensure (N= 21).

A significant difference was observed for 'I feel very comfortable when I communicate patient care information to another nurse or my instructor at the end of a shift” (P = .030).

Significant differences were observed for all of the CEX items except setting, which was controlled for in this pilot. A significant difference was observed for organization/efficiency (P = .000), communication (P = .000), content (P = .000), clinical judgment (P = .000), humanistic qualities/professionalism (P = .000), and overall sign-out competence (P = .001).

Literature
Growing emphasis on improving nurse handoff reporting in clinical practice is leading to standardized approaches and audits of their implementation; but research evidence to support these is lacking (Klee, K., Latta, L., Davis-Kirsch, S., & Pecchia, M., 2012; Reisenberg, L.A., Leitzsch, J., & Cunningham, J.M., 2010).

Simulation has been used effectively to teach professionals and evaluate their handoff reporting in clinical practice (Berkenstadt et al., 2008; Daniel & Wilfong, 2014).

Methods
Institutional review board approval was obtained prior to the intervention and data gathering. Using a pretest/posttest intervention study design, the researchers evaluated 2 outcomes that included student (1) perceived self-efficacy and (2) ability to demonstrate handoff skills. Data were gathered from students in both the intervention and control groups prior to the intervention and again at mid-semester when the clinical rotation ended.

Within course orientation, students in the intervention group attended a 2-hour classroom-based workshop on handoff reporting, whereas students in the control group attended a 2-hour general workshop on key aspects of patient safety and the impact of system failures on safety, without content on handoff reporting.

Self Efficacy Survey Items
- I feel organized
- I feel very comfortable
- I have given a verbal handoff report
- I have learned a specific method
- I am confident in my ability
- I feel anxious
- I need more experience
- I need more competence

Two open-ended items:
Describe previous experiences giving handoff reports. Describe the factors influencing their ability to give a handoff report.

Study Diagram

<table>
<thead>
<tr>
<th>Study Group</th>
<th>Transition to Practice Course N = 47</th>
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</thead>
<tbody>
<tr>
<td>Intervention Group n = 23</td>
<td>Control: Workshop on the Science of Safety</td>
</tr>
<tr>
<td></td>
<td>Intervention: Workshop on Handoff Communication Best Practices</td>
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<td></td>
<td>Attend Clinical for 6 weeks</td>
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References