Pilot study in effective clinical handover communication

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Presenter: Dr Jeannette McGregor
Research Fellow, UTS

UTS Project Team: Dr Jeannette McGregor, Dr Marian Lee
Prof Diana Slade
What we were looking for…

Aspects of professional practice

What clinicians say/write

What clinicians do

Who clinicians talk to
What we found…

*We found:*

1. a **range** of different kinds of clinical handovers.

2. clinical handovers vary in **complexity**.

3. the **features of effective** and **ineffective** clinical handovers.

4. local teams successfully **adapted** the handover communication tool (ISBAR) to their **local contexts**.
What should happen?

In my view:

1. The integration of the perspectives of two professional disciplines (medical & communication) should work to produce successful research outcomes in the future.

2. Teaching programs and professional training should also emerge from this kind of collaboration.

3. Senior clinical staff need to be engaged in proposed changes to practice, as mentors and models of professional behaviour - to champion change.
What should happen?

*Finally we must…*

4. increase our **understanding** that clinical handover is a complex and situated communication activity, and that, in the context of **multi-disciplinary care**, doctors and nurses **speak**, **write** and **do** very differently.

5. recognise that the **interface** between different **professions** represents a **vulnerable** point in the handover communication chain.