

# Evaluation and Assessment of Sign Out Skills: IPASS or Passing up Important Information? A Transition of Care Quality Improvement Project



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## BACKGROUND

- Inpatient transitions of care of patients between providers occurs twice a day in systems with night coverage
- Communication failures, including omission of key information, during the sign out process can result in unintended harm or suboptimal care to patients<sup>1,2</sup>
- Cross coverage is an independent risk factor for preventable adverse events<sup>3</sup>
- In our Internal Medicine (IM) Residency Program, the “IPASS” format of hand offs was implemented two years ago, but no feedback or assessment mechanism for trainees has existed

## OBJECTIVES

1. Evaluate current transitions of care between day and night teams
2. Address deficiencies found via peer led transitions of care curriculum

## REFERENCES

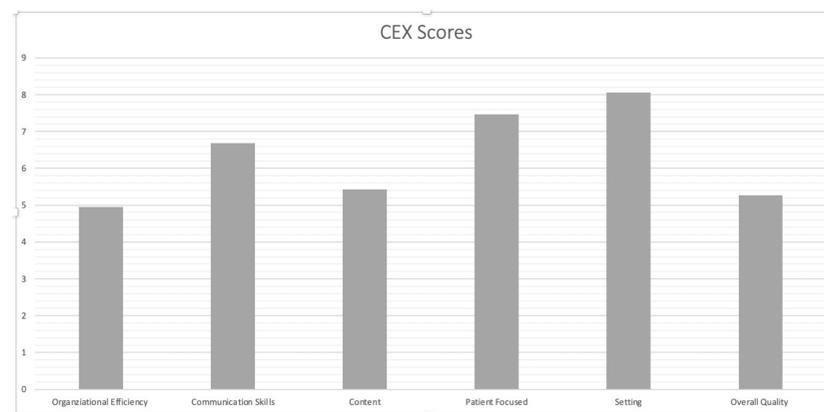
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## METHODS

- IM Interns at a large academic medical center were observed by third year residents giving sign out to night coverage team
- A validated CEX (clinical evaluation exercise) was completed for 19 interns which included organization, communication skills, content and clinical judgement, patient focus, setting and overall quality<sup>4</sup>.
- Educational curriculum was subsequently designed to address findings from evaluations

## RESULTS

This CEX was performed approximately 4-6 months after intern hand offs workshop.



The transitions of care (TOC) curriculum has evolved but is traditionally targeted at early interns to discuss expectations of TOC skills. Based on our needs assessment and outcomes of this hand off assessment, an educational workshop was developed for rising second and third year medicine residents entitled “How To Teach Your Intern IPASS.” The workshop consisted of an introduction which reviewed the IPASS format for sign out and multiple role play scenarios. Residents were assigned various roles including an observer, whose job was to provide feedback and demonstrate how they would coach their team members. Each case was followed by discussion points that focused on situational awareness and the quality of the sign out. The focus of this workshop is teaching the skill, instead of performing the skill, and providing new learners feedback in real time.

## IPASS CEX

Please scale the following from 1-9

- 1) **Organization efficiency**  
1= disorganized, rambling  
9 = standardized IPASS sign out, concise)
- 2) **Communication skills**  
1 = understanding not confirmed, no time for questions, responsibility for tasks unclear, vague  
9 = time for questions, read back of assigned tasks, concrete
- 3) **Content**  
1= information omitted or irrelevant, clinical condition omitted, lack of plan  
9 = all essential information included, clinical conditional described, “to do’s” have a plan
- 4) **Patient Focused**  
1= hurried, inattentive, inappropriate comments re: family, patients  
9 = focused on tasks, appropriate comments
- 5) **Setting**  
1 = More than 5 interruptions, noisy, chaotic;  
9 = minimal to no interruptions
- 6) **Overall sign out quality**  
Focus on IPASS, I = illness severity, P = patient summary, A = action list, S = situation Awareness & Contingency planning, S = synthesis by the receiver

## CONCLUSIONS/IMPLICATIONS

- High quality sign out is essential in providing safe care to patients
- Explicit feedback and assessment is crucial to improve the quality of the sign out process
- We utilized CEX results to design a curriculum to help teach the skill and provide safer care to our patients even in cross coverage situations.
- Next steps:
  - repeat CEXs to be completed to assess impact of new curriculum