Med Student Handoff Scenarios

Scenario 1

Pediatrics Shift Handoff (overnight hand off to day team)

Negatives

1) No Assessment or Recommendation given
2) Provider is hurried

Positives

1) Quiet environment, no interruptions
2) Receiver inquires about

JT is a 10 yo M with a history of ALL on induction chemotherapy who was admitted for febrile neutropenia. Patient was last seen in oncology clinic 6 days ago for chemotherapy. The patient was at baseline level of health until early this morning when he woke up with a fever. Per the patient's mom, his fever spiked up to 102F. He was also having night sweats. She brought him to the hospital right away and has not given him any medicines. He has had a dry cough and rhinorrhea for the past two days. His younger brother has recently gotten over a cold.

On admission, he was febrile to 101F, other vital signs were normal. On exam he had a cough and rhinorrhea; otherwise, exam was normal. He was started on empiric piperacillin/tazobactam. Blood cultures were drawn, a respiratory viral panel was sent, and CXR was obtained; results are not back. He is being handed off from the resident on the night team to the resident on the day team.

Re: "Hey, I'm sorry I'm a little bit late, I got stuck in traffic on the way to the hospital"
Pr: "Hey, ya let's head over to the conference room and get through the list so I can get out of here"
Some time later, after running the rest of the list
Pr (sounds rushed): "Alright and this last patient is a new admit, just came in. I finished the H&P on him. He's a 10 year old with febrile neutropenia. He's stable and his fever curve is trending down, just need to follow up on him."
Pr: "And that's all of them, I'm heading out. Text me if you have any questions, I'll be awake for another hour or two."
Re: "Wait before you go, do you have any ideas what is causing the fever?"
Pr: "Oh yeah, from the history it seems like he may have a viral URI. His brother had a cold a few days ago and the patient has rhinorrhea and a cough."
Re: "Are there any tests I should follow up on?"
Pr: "Yes, we ordered a viral panel, blood cultures, and CXR which are all still pending. I think you should continue him on the broad spectrum antibiotics for now, and if he spikes another fever, reorder blood cultures."
Re: "Great thanks"

Scenario 2

Clinic sending patient to ER (Phone handoff)

Negatives

1) Not face-to-face (not necessarily avoidable)
2) Receiver is distracted (busy ER)
3) No check-back by receiver

Positives

1) Provider follows SBAR structure

SB is a 65 yo F with hx of HTN and DM2 c/b diabetic retinopathy. She presents to ophthalmology clinic for an annual check-up. While the nurse is taking her admission vitals, she is found to have a BP of 199/100. The nurse informs you of her elevated pressure, so you decide to repeat the measurement manually. Your manual measurement shows a pressure of 208/104. You ask the patient about her blood pressure and she states that she ran out of her blood pressure mediations last week and hasn't been able to go to pharmacy to refill them because she didn't have any transportation. She denies a headache, vision changes, chest pain, dyspnea, or nausea and states she feels normal. Upon further reflection, she mentions that she did have some numbness in her L arm and leg yesterday for a few seconds, but it went away on its own. You decide to send the patient to the ER and call the ER physician to let inform them about the patient arriving.

Pr: "This is _____ calling from the Ophthalmology clinic. I'm sending down a patient, SB, who is a 65 yo F with a history of HTN and DM2 from clinic who has a BP of 208/104..
Re (sounds distracted): "Hey sure, send them down. Does the patient have any symptoms?"
Pr: "She is denying any headache, vision changes, chest—"
Re: "Sorry can you give me one second"
-Pause-
Re: "Sorry about that, had a patient's family member who needed to talk tome. Go ahead"
Pr: "Yes the patient denied any symptoms, but she did state she had paresthesias and numbness yesterday for a few seconds."
-Receiver gets distracted during the next part-
Pr: " I think the symptoms she was describing were a TIA, so I think neurology should see her as well when she gets to the ER."
Re: "Got it, We'll take care of it. Thanks"

Scenario 3

Calling a provider, delivering information in urgent setting

Negatives

1) Provider is disorganized
2) Provider gives too much irrelevant info
3) Misses some SBAR structure

Positives

1) Introductions
2) Check-back from receiver

MS is a 72 yo F with a history of stable angina, HTN, DM2, and osteoarthritis. She is a retired school teacher. She lives alone with her dog Ginger and is very independent. She was shoveling snow on Monday morning after the big storm. While shoveling she developed a crushing sensation in her chest. She takes an aspirin every day at home and keeps nitroglycerin tabs in her pocket "just in case". MS took a nitroglycerin tab and an aspirin and drove herself

to the hospital. She was admitted to the hospital on Monday afternoon with chest pain, rule out myocardial infarction.
She has been a patient on cardiology for 4 days now. She has had no chest pain since Monday and has been ruled out for a heart attack. She has a IV of .9NS and expects to go home tomorrow morning. You go to visit MS in the afternoon. While you are talking to her, she states that she is having crushing chest pain and rates it a 9/10 on the pain scale. She is very anxious and diaphoretic and states she feels terrible. HR 120. BP 100/60. RR 21. SpO2 94%. You believe she has symptoms of ACS. You panic and are unsure of what to do and the nurse is not near the room, so you call for the Rapid Response Team

Re: “Hi, I’m _____, the critical care nurse on the RRT. What’s going on with this patient?”
Pr: “Hi, I’m _____, the medical student for this patient. I went to talk to her and I went in the room and she isn’t feeling well and I think she’s having a heart attack and I didn’t know what to do”
Re: “Can you tell me a little bit about the patient’s background”
Pr: “Oh sure, she’s a 72 yo F with a history of stable angina, HTN, DM2, and osteoarthritis. She is a retired school teacher. She lives alone with her dog Ginger and is very independent. She was shoveling snow on Monday morning after the big storm. While shoveling she developed a crushing sensation in her chest. She was admitted to the hospital on Monday afternoon with chest pain, rule out myocardial infarction. She has been a patient on cardiology for 4 days now.
Re: “Okay sure, but what about her symptoms now and her vitals”
Pr: “She says her chest pain is crushing and a 9/10. She looks very anxious and is slightly diaphoretic. Her heart rate is a little elevated and her blood pressure is lower than her baseline.”
Pr: “Her vitals aren’t critical, but given her history of stable angina and the quality of the pain I thought we need to rule out a MI. I think we should get an EKG and draw cardiac enzymes.
Re: “I agree, I’m glad you called us. We’ll get an EKG and cardiac enzymes. We’ll also give her oxygen, and giver her nitroglycerin and morphine. Please call your resident or attending so we can fill them in as well.”