
HOW DO UNDERGRADUATE HEALTHCARE STUDENTS LEARN THE SKILLS AND ATTITUDES REQUIRED FOR SUCCESSFUL SHIFT HANDOVER IN THE MODERN HOSPITAL: A PHENOMENOLOGICAL INVESTIGATION

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BACKGROUND

Effective handover is:

- Integral to high quality, safe patient care
- Part of 'Good Medical Practice' from the GMC
- A core entrustable activity acc. to the American Ass. Of Medical Colleges

But

- Foundation year doctors report low confidence at handover

- Most teaching occurs in uni-professional and single-patient contexts
- Central themes are those of 'information management', 'reducing error' and 'improving confidence'
- Heterogeneity of pedagogical tools
- Structured communication tools and mnemonics commonly used
- Limited evaluative depth

THE SGUL CONTEXT



- Healthcare university with medical students, nursing students allied health professionals and paramedics all under the one institution
- Staff-student partnership grant

1. Why are SGUL MBBS students not confident in the handover of groups of patients?
2. What do SGUL students learn about the practice of handover from their existing clinical placements?
3. What would SGUL students consider valuable content and skills to be taught regarding handover for a cohort of patients?



DATA ANALYSIS

Deductive

- “top down”
- Starts with a theory, hypothesis or assumption and you test it with your data
- Can involve predetermined codes
- Associated with the quantitative paradigm

Inductive

- “bottom up”
- Starts with your data and you generate a theory from your analysis
- Emergent strategy
- Associated with the qualitative paradigm

STUDY DESIGN

SURVEY

- Cross-sectional survey of penultimate and final year MBBS students
- Snowballing via social media, lecture shout out's and contacts
- N= 50 responses



FOCUS GROUPS

- 2 x MBBS students (N=13)
- 1 x nursing student (N=5)
- 1 x physio student (N=5)
- Autumn 2022
- Ethical approval via SGUL and Kingston University
- MS Teams with transcription embedded
- Hermeneutic phenomenological approach to analysis



WHY FOCUS GROUPS?

- Constructivist paradigm whereby knowledge is a product of the social and co-constructed interaction between individuals and society
- Used when the researcher is interested in ideas, feelings, actions and circumstances
- The interaction between members can be used to explore depth in the topic under discussion and the interaction is also the subject of analysis
- The researcher adopts a facilitator role rather than an investigative one
- Can be used alongside other research methods
- Exercise caution if trying to collect sensitive data or are working with a group with large power differentials
- Can be iterative in nature with the findings from early groups influencing sampling and topic guides in later groups

Using focus groups in medical education research: AMEE Guide No. 91

Renée E. Stalmeijer, Nancy McNaughton & Walther N. K. A. Van Mook

<https://doi.org/10.3109/0142159X.2014.917165>

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29 July 2014

Table 6 of 10

Table 2. Perceived advantages of focus groups (adapted from Stewart et al. [2007](#)).

Advantages
• Information can be gathered more quickly and less costly compared to individual interviews
• Provide direct interaction with and observation of the respondents, both verbally and non-verbally
• Opportunity to obtain large and rich data in the respondents' own words
• Individual respondents can react to and build on other group members' responses
• Flexibility of the tool: can be used in the research of a wide range of topics, individuals and settings
• Results are user friendly, easy to interpret, no complex statistical analysis required

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Table 3. Perceived disadvantages of focus groups (adapted from Stewart et al. [2007](#)).

Disadvantages
<ul style="list-style-type: none">• Not all participants may participate to a comparable extent: more dominant individuals may thwart full participation by all members thereby curtailing the richness of the data
<ul style="list-style-type: none">• The moderator may likewise have difficulty managing group dynamics and get taken off course, unable to collect the information about perceptions that they seek
<ul style="list-style-type: none">• Focus group transcripts can generate a large volume of data (hundreds to thousands of pages) and requires more committed time to organize, interpret and analyze than interviews or observational field notes



QUALITATIVE MINDSET

PHENOMENOLOGY

- Seeks to describe the essence of a phenomena through the study of those who have experienced it
- Study of an individual's lived experience within their lifeworld
- Suitable for the study of tangled and challenging problems
- Is concerned with the 'what' and 'how'
- Two schools: Transcendental (descriptive) and Hermeneutic (interpretative)

PHENOMENOLOGY

DESCRIPTIVE (TRANSCENDENTAL)

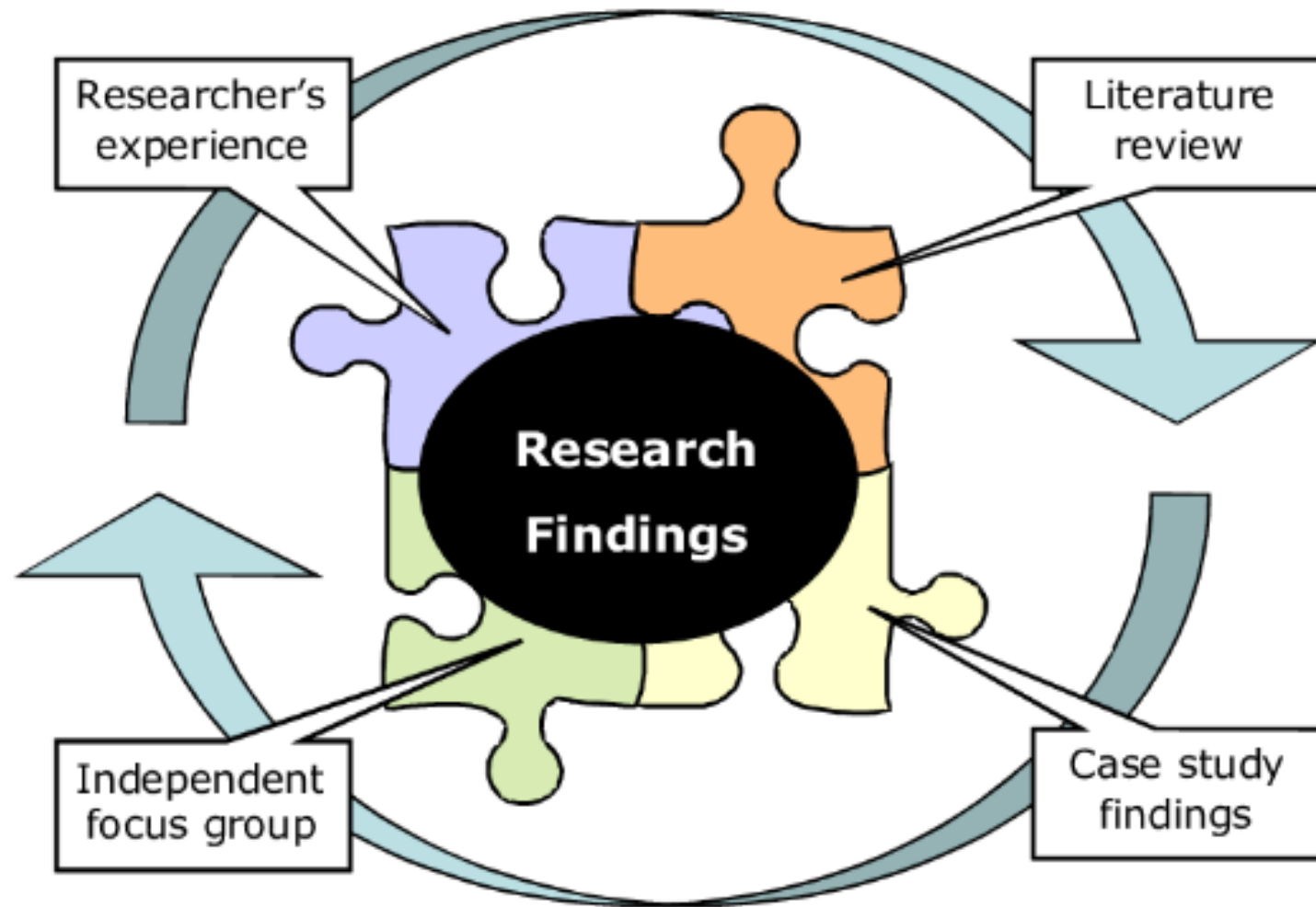
- Described by Edmund Husserl early 20th Century
- Researcher must separate themselves from the world so as to observe on a purely transcendental/descriptive plane
- Bias-free
- Brackets out own experiences and assumptions
- Identify units of meaning and cluster into themes to identify description of the what and the how
- Concerned with understanding the essences of a phenomena and through commonly perceived essences, one can arrive at a generalizable description or the true meaning of a phenomena

INTERPRETATIVE (HERMENEUTIC)

- Devised by Martin Heidegger
- Researcher is part of the world and cannot be bias free and as such, observes in an interpretative way
- 'individual's realities are invariably influenced by the world in which they live'
- Interpreting the narrative in relation to context. Contextual (environmental) forces shape all phenomena
- Reflects on own experiences and assumptions in parallel to data collection and analysis. One attends to their own subjectivity through bringing it out in the open and to the fore of the process.
- Moves through reflective cycles towards an understanding of the parts and the whole and how they are related

"robust phenomenological research involves deep engagement with the data via reading, reflective writing, re-reading and re-writing."

Neubauer 2019





INTERPRETATIVE PARADIGM

- Multiple constructed realities
- Findings are arrived at through the interactions between the researchers and the participants
- Subjectivity is valued
- Acknowledgement that humans are incapable of total objectivity because they are situated in a reality constructed of subjective experiences
- The research is intrinsically value bound by the questions being asked, the values conscious and unconscious held by the researcher and the ways findings are interpreted and generated

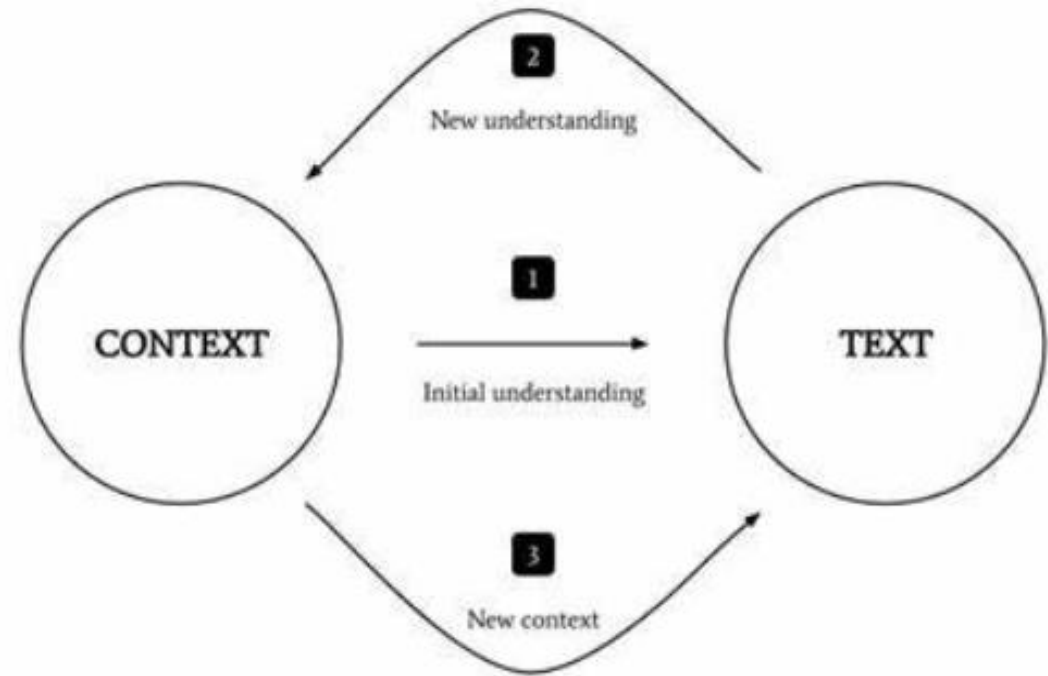
HERMENEUTIC PHENOMENOLOGY

"Researchers capture their reflections in writing and then reflect and write again, creating continuous, iterative cycles to develop increasingly robust and nuanced analyses. Throughout the analysis, researchers must maintain a strong orientation to the phenomenon under study (i. e., avoid distractions) and attend to the interactions between the parts and the whole. This last step, also described as the hermeneutic circle, emphasizes the practice of deliberately considering how the data (the parts) contribute to the evolving understanding of the phenomena (the whole) and how each enhances the meaning of the other"



AJAWII AND HIGGS 2007

1. Immersion
2. Understanding
3. Abstraction
4. Synthesis and theme development
5. Illumination
6. Integration and critique



SURVEY RESULTS

- Most handover observation occurred during medicine, surgery and paediatric placements
- No teaching of cohort handover, only 1:1 handover
- 63% of final year MBBS students had contributed to handover (e.g. presenting, note taking, verbal contribution)
- Only 3% of final years were confident/very confident about participation. 30% were not at all confident
- Teaching identified as potentially helpful included: simulation, videos of handover, small group teaching, more opportunity to participate in a supported way and prioritisation exercises

FOCUS GROUP RESULTS: OVERVIEW

- No group has formalised teaching of cohort handover
- Many staff appeared not to view handover as a teaching opportunity and frequently it did not feel like a welcoming learning environment
- Viewed by students as not very useful for learning
- Variability in process, content, location and focus between trusts, specialties and locations

The staff members doing the handovers - they're not directly talking to us. We also don't feel like we're involved or like there is anything that we can really do.

KEY THEMES

BARRIERS TO LEARNING

- Environmental
- Prior clinical knowledge and knowledge of acronyms
- Compromise between service delivery and teaching
- Orientation to patients on list

I'm using the word survive because handovers if you don't get a buddy or you're not familiar enough with the team. You don't really know what's going on unless you actually go through the sheet and you know what all the letters mean

I'm just wondering if we can be a bit more inclusive in terms of handover 'cause you can't just assume that everyone is just going to be able to take everything in, or should we break it up into chunks?

You're just hearing they had a fever, we're going to do this. It doesn't give you any context, so as a learning experience that's also minimized because you can't learn in that situation

KEY THEMES

LEVELS OF LEARNING

- How to handover
- Clinical medicine
- Team dynamics

If the team take the time to give you a sheet of your own, it just for me It just feels like the key to understanding the whole day a bit better. When it comes to seeing patients, you can just look ahead a bit and if you know it's a renal patient or you know whatever the condition is you can just get your mind in that space.

I felt like when I was handing over a patient during the MDT. It was very much....the fish out of water please help me type of situation..... I have no idea what I'm doing.

KEY THEMES

TEAM DYNAMICS

- Leadership
- Team members can aid orientation
- Team conflict

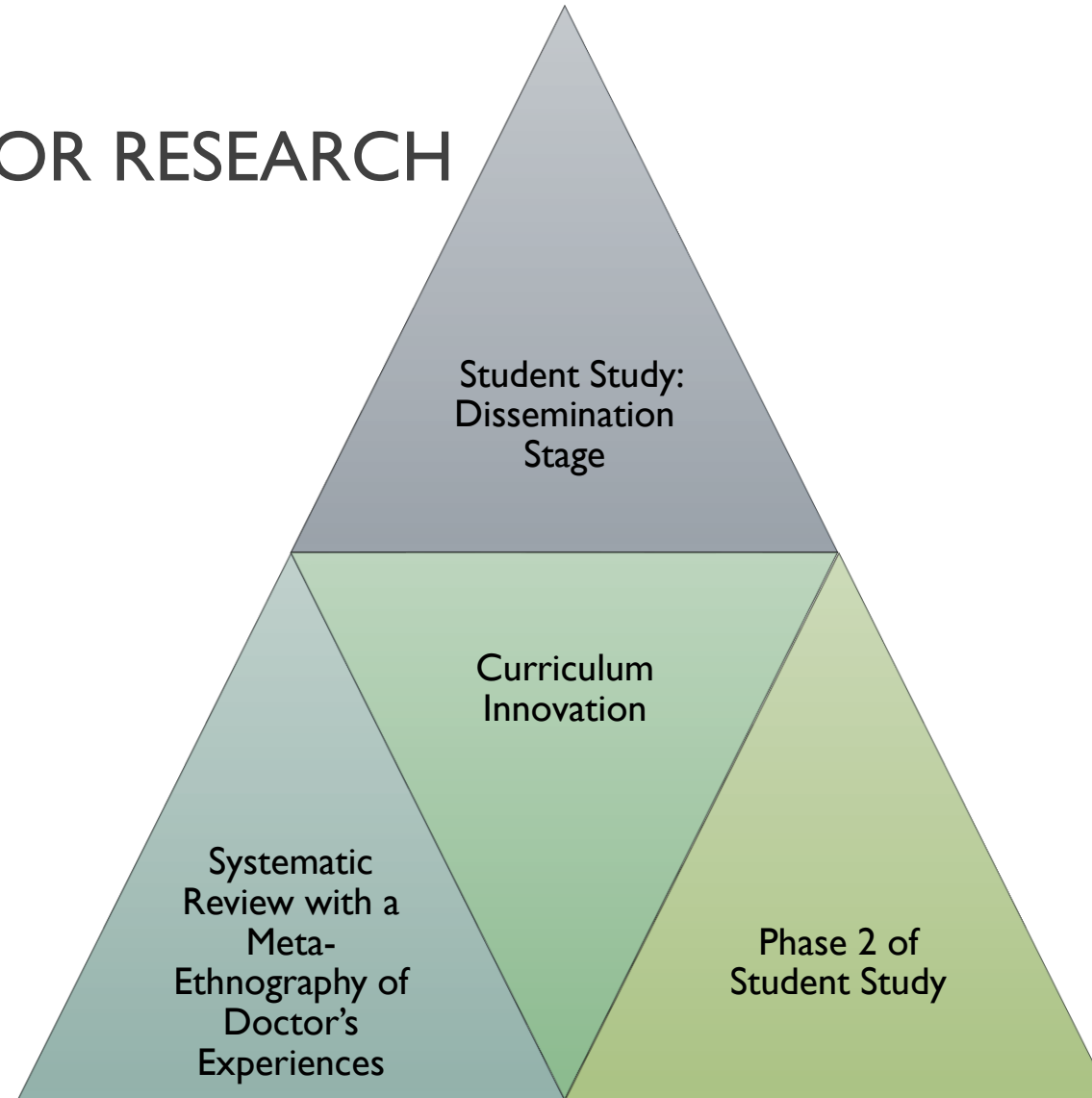
I feel like it depends on who, the who's, who's leading the handover..... others they might brush off physio input and just worry about the medical input basically

This consultant obviously would have made a different management plan. And it was a bit of a, like, don't shoot the messenger kind of situation where they're just reporting on what has happened. But they kind of take the brunt of the criticism, even though it wasn't their management plan or their decision

IMPLICATIONS FOR PRACTICE



IMPLICATIONS FOR RESEARCH



MPS GRANT

- Longitudinal study evaluation the impact of curriculum development on foundation year's with matched controls
- Kirkpatrick Level 1+2 – Focus Groups
- Iterative design with opportunities for revision
- Kirkpatrick Level 3 – Semi structured interviews with FY's evaluating impact on behaviour at handover
- 'Train the Trainer'