Virtual Adaptation of Resident IPASS Handoff Training Session

Introduction

Handoff training is required for residency and use of IPASS is associated with reduction in errors. This training for KU Internal Medicine residency is traditionally done through in-person direct observation by faculty physicians. Due to inperson restrictions related to SARS-CoV-2, we sought to adapt the session to a virtual platform.

Materials and methods

Pre-sessions, residents were surveyed about IPASS familiarity, prior handoff training, and confidence in delivering a handoff.

Post-session, residents and faculty were surveyed about the overall session with additional faculty questions regarding use of the virtual platform as compared to in-person sessions.

References

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able to meet in-person, 64% favored this platform as opposed to a virtual setting. 91% of faculty reported prior handoff training experience before the virtual session.

Conclusion

The virtual session was successful in providing in introducing IPASS concepts to residents.

The virtual platform was successful in providing direct observation and feedback of resident handoffs.

Residents reported an increase in confidence in ability to provide a patient handoff after the session.

Both residents and faculty recommended ongoing training on this topic.

Overall faculty reported a positive experience when comparing to inperson sessions.

Faculty recommended ongoing use of the virtual platform in the event inperson sessions cannot take place however most recommended inperson over virtual in the event the former can resume.

Acknowledgments

Thank you to the Department of Internal Medicine residents, faulty physicians, and program coordinators for their time in developing the virtual session. Thank you to the University of Kansas Health System for providing access to virtual platforms.