

# Capsule Commentary for Rattray et al., “Do You Know What I Know?”: How Communication Norms and Recipient Design Shape the Content and Effectiveness of Patient Handoffs



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Handoff communication is essential to safely and effectively maintain continuity of care while transitioning patients between teams. “Do You Know What I Know” is an article focused on face-to-face communication and social interactions between residents during verbal handoffs.<sup>1</sup> In this study, the authors analyzed how residents tailor their approach to handoffs based on the resident receiving the handoff (the “receiver”). Thirty-five residents from three different VAs were interviewed and asked about recent handoff experiences. Using thematic analysis, three key themes were identified: receiver characteristics, type of shift/local practice, and patient acuity/receiver familiarity with the patients.

Ideally, handoffs include both a standardized written and verbal face-to-face communication; one such example is I-PASS.<sup>2</sup> However, this article demonstrates that verbal handoffs are a dynamic process involving multiple variables. For example, residents giving handoffs (“senders”) reported tailoring their handoff to the receiver’s level of training, reputation, and perceived preference of information. In training programs, understanding the receiver’s ability and past experiences are essential, and some tailoring is appropriate. Interns, as receivers, may require additional supervision from senior residents, providing more attention to detail and anticipatory guidance. While residents will make judgments about the competency of other residents, it is important to ensure residents are consciously aware of these judgments. Making these judgments conscious will allow them to tailor their handoffs. Specifically, the handoff senders could engage receivers to test their assumptions: Instead of assuming senior residents prefer brief handoffs because of their level of training, the handoff

sender could ask if the receiver prefers the big picture or the detailed picture.

Bringing judgments about receiver competence to the conscious level could have another benefit by opening the door for peer feedback. Constructive feedback could benefit both the handoff sender and receiver. If important information regarding a patient is omitted by the sender, this should be discussed the next morning. By the same token, if management decisions by the handoff receiver were not appropriate, this should also be discussed.

Verbal handoffs involve complex communication and adjustments based on the receiver’s characteristics. Understanding this process opens new opportunities for improving this important and common process.

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#### Compliance with Ethical Standards:

**Conflict of Interest:** The authors have no conflicts of interest with this article.

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