In this issue of the *Journal of Hospital Medicine*, Lee et al. describe a randomized trial to assess the effectiveness of four different approaches to teaching handoffs with the goal of improving process measures related to interns’ handoffs. The Society of Hospital Medicine (SHM), The Joint Commission (TJC), Accreditation Council for Graduate Medical Education (ACGME), and others have all emphasized the importance of high-quality handoffs as an essential component of safe patient care. The ACGME specifically requires that all institutions that sponsor ACGME-accredited programs provide both structure and monitoring, and the SHM complements this with evidence-based guidelines for handoffs.

Lee’s team trained 4 groups of residents in handoffs using 4 different hour-long sessions, each with a different focus and educational format. A control group received a 1-hour didactic, which they had already heard; an I-PASS–based training group included role plays; and Policy Mandate and PDSA (Plan, Do, Study, Act) groups included group discussions. The prioritization of content in the sessions varied considerably among the groups, and the results should be interpreted within the context of the variation in both delivery and content.

Consistent with the focus of each intervention, the I-PASS–based training group had the greatest improvement in transfer of patient information, the policy mandate in personal responsibility. The improvements in different domains with different trainings are important (eg, gender is weighted equally to if-then plans). This checklist also has a large proportion of items related to 2-way and closed-loop communication and therefore, places heavy weight on this component of handoffs. Adapting this checklist into an assessment tool would require additional validity evidence but could make it a very useful tool for completing handoff assessments and providing meaningful feedback.

The ideal data collection instrument would also include outcome measures, in addition to process measures. Improvements in outcome measures such as medical errors and adverse events, are more difficult to document but also provide more valuable data about the impact of curricula. In designing new hybrid curricula, it will be extremely important to focus on those outcomes that reflect the greatest impact on patient safety.

Finally, this study reminds us that the delivery modes of curricula are important factors in learning. The control group received an exclusively didactic presentation that they had heard before, while the other 3 groups had interactive components including role plays and group discussions. The improvements in different domains with different training formats provide evidence for the complementary nature. Interactive curricula involving role plays, simulations, and small-group discussions are more resource-intense than simple didactics, but they are also likely to be more impactful.

Teaching and assessing the quality of handoffs is critical to the safe practice of medicine. New ACGME duty hour
requirements, which began in July, will allow for increased flexibility allowing longer shifts with shorter breaks. Regardless of the shift/call schedules programs design for their trainees, safe handoffs are essential. The strategies described here may be useful for helping institutions improve patient safety through better handoffs. This study adds to the bulk of data demonstrating that handoffs are a skill that should be both taught and assessed during residency training.

References