# Twitter Thread by Vinny Arora MD MAPP



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## As someone who has studied healthcare handoffs for a while, I can’t stop thinking about the Presidential one coming up. I see I’m not the only one. But this is not like any handoff. My nerdy ■ #MedTwitter #Inauguration2021

Handoffs come in many flavors in medicine. In general, the highest risk handoffs are when the patient is really sick and the handoff is permanent and not temporary. So in some ways, yes has elements of a risky handoff. America is definitely sick and the handoff is permanent.

Ideal handoffs are a transfer of content and a transfer of professional responsibility. The goal of content transfer: to achieve a shared mental model or shared vision of the patient. Professional responsibility usu= does receiver accept? Now it’s been will sender relinquish?

While both parts key, the transfer of professional responsibility is a must. The transfer of content also rests on the quality and accuracy of information transferred, the sender investment to transfer the information, and the receivers ability to understand & act on it.

In this case, there is concern no or sparse content is transferred. Even with a checklist, there may reason to question the content. In fact, too much dependency on content during any handoff could actually harm decision making of the person taking over due to an anchoring bias.

The clinical assumptions we make typically are the outgoing team is trying to do their best and that their vision is accurate. many assume the new team is a risk because continuity of care is important. That is true a lot when the team is invested and care is going well.

But when the care is not going well, a new team can bring lots to the table: fresh eyes, a new perspective, better expertise, higher morale as they may not be burned out and will be more invested in doing better.

The other thing about continuity is sometimes it’s provided in other ways. The team may change but maybe not everyone leaves at the same time preserving some continuity. E.g. there are many career public servants, like Dr Fauci, across agencies who can help with filling gaps.

We can’t also forget the importance of empowering patients and caregivers during healthcare handoffs —in that way an activated engaged democracy is important too. We are and can be the helpers. Fitting to think about before #MLKDay and the importance of service.

So while handoffs are certainly vulnerable and we should be on the lookout for risks, I always say the handoff is also a learning opportunity and could even improve care. In this case, many typical assumptions don’t even apply and a new approach maybe what we need most.

I’m actually writing this as my husband is picking up a service and Wednesday is our resident switch day so here’s to anyone starting a new rotation this week! H/t @ETSshow @aoglasser @WrayCharles @ShikhaJainMD for forwarding many handoff tweets prompting this.

tagging some great thinkers on this or related #ptsafety topics. @leorahorwitzmd @jdensonMD @LekshmiMD @jeannemfarnan @nvhstewart @DrStephMueller @kathlynsafedoc @sumantranji @ChrisMoriates @ReshmaGuptaMD @subhaairan @karynbaum @_plyons @JulieJKJohnson @Bob_Wachter @kgshojania

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