Background: Improving the effectiveness of the transfer of information during handover among doctors is an essential part of patient safety and good risk management. The emergency department has been identified as a high risk area for errors in handover due to its potentially stressful and chaotic environment where there are competing demands, distractions, interruptions and time pressures. The lack of formal training in giving handovers has also been highlighted as resulting in a variable quality of handover. Most of the literature on handover has focussed on transitions between shifts with fewer studies on the transfer of information from paramedics to medical staff. There is a dearth of literature exploring the experiences of junior medical staff receiving handover in the emergency department.

Purpose: This paper presents findings on the perceptions by paramedics and medical staff about what enables and constrains handover in the emergency department. In particular, it focuses on the implications for the education of junior medical staff about receiving effective handover from paramedics.

Methods: Qualitative data were collected using interviews with 19 paramedics and 16 doctors (n=35) from ambulance services and emergency departments in 2 states of Australia.

Results: Three main themes emerged that were evident at both sites and in the 3 professional groups. These were: difficulties in creating a shared cognitive picture, tensions between ‘doing’ and ‘listening’, and fragmenting communication.

Conclusion: Recommendations arising from this study as to how handover could be improved are the need for shared experiences and understanding between junior doctors and paramedics; the use of simulation activities focussing on handover; and, for the development of a standardised approach to handover from paramedics to ED receiving staff.
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