

### Methods

A needs assessment and staff survey were conducted to identify topics of interest and existing barriers to complete unit competencies. Staff were divided into small team “circles” consisting of a unit-based clinical educator, a unit council chairperson, a team leader, and four to five staff members.

Day/night and weekend rotations were taken into consideration as much as possible to allow for a more consistent communication handoff.

The timeframe to complete each topic was six weeks, which was broken down into two-week cycle handoffs based on roles within the circle:

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Team</th>
<th>Leader</th>
<th>Council</th>
<th>Educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 &amp; 2</td>
<td>Team</td>
<td>Team</td>
<td>Council</td>
<td>Educator</td>
</tr>
<tr>
<td>3 &amp; 4</td>
<td>Team</td>
<td>Team</td>
<td>Council</td>
<td>Educator</td>
</tr>
<tr>
<td>5 &amp; 6</td>
<td>Team</td>
<td>Team</td>
<td>Council</td>
<td>Educator</td>
</tr>
</tbody>
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A brief study guide was developed and used to facilitate an assessment of existing knowledge and skill, and to fill in any identified gaps related to the topic.

### Outcomes

Using a designated team structure and relay-style handoff offered an opportunity to engage staff and to more easily identify gaps in knowledge and skill.

Consistent review of high-risk, less frequently used knowledge and skills served to enhance a culture of quality and safety.

Staff reported greater satisfaction and demonstrated increased accountability and empowerment in the clinical education process.

### Acknowledgements:

Many thanks to the general pediatric and pediatric critical care nursing staff and leadership.

### References: