Handover is an essential aspect of patient care as it is an opportunity to update on call residents on tasks to carry out during the night and be aware of sick patients. Structured handover has been studied in a wide variety of health care settings, and SBAR format was found to be the most effective. This format includes Situation, Background on the patient, Assessment and Recommendations or the plan going forward.

At the University of Alberta, SBAR is a standardized method of giving handover that all Internal Medicine Residents are trained on at the beginning of their residency.

**Problem Statement:** During the Gastroenterology rotation, the lack of consistent handover has been an issue that has been brought up to the Department over the years. This leads to altered patient care and increase stress levels for residents.

**Baseline data:**
- 80% of handover occurring consistently between 16:00-17:30 during the week
- 70% of handover utilizes the SBAR format

**Survey:**
Surveys from Residents that have rotated through the UAH GI service found that:
- 47% of Residents stated that Handover was occurring often
- Overall Handover was rated as poor quality by 66% of the time, with 25% of residents were concerned that they were not receiving all the required information
- Residents stress levels on the GI rotation call shifts were rated high in 66% of residents, and 38% of residents stated that the lack of handover contributed to their stress levels.

**Aim:**
- Increase quality of handover as per resident perspective by 30%
- 70% of handover utilizes the SBAR format
- Increase number of handover to on call resident by 75%
- Residents stress levels on the GI rotation call shifts were rated high in 66% of residents, and 38% of residents stated that the lack of handover contributed to their stress levels.

**Process Measures:**
- 70% of handover utilizes the SBAR format
- Increase number of handover to on call resident by 75%
- Increase quality of handover as per resident perspective by 30%