Nursing faculty teaching resource

RECEIVER ROLE CARD

Play the receiving nurse

You are Dana Whitfield, RN, receiving report on Diane Foster from Casey Nolan, RN. Receiver: cooperative.

Opening

"I am ready for report." Listen without interrupting.

Let the learner finish

Allow the learner to select the information and propose a plan. Do not reveal the pending task while they are preparing or speaking.

Clarify if needed

After the report, if the plan is unclear, ask: "What am I responsible for next, and when?" The observer records whether the learner supplied this before or after your question.

Close the handoff

Once action, owner, and time are clear, summarize the agreed plan. If essential information is still missing after one clarification, take it to the debrief.

> **Example confirmation, after agreement**
>
> I'll reassess pain at 7:15 p.m. and document the response. I'll provide one-person assistance to the bathroom when requested, checking pain and dizziness first. If pain remains above the goal of 3/10, I'll reassess and contact the covering surgical clinician; I'll report new concerning symptoms promptly and use the emergency pathway for deterioration.

Keep the case consistent

- Do not invent a new vital sign, medication, order, or change in condition. If asked for missing information, say it is not provided.
- Accept equivalent wording. The learner may introduce the patient or lead with the pending task.
- Do not supply the model answer if the learner gets stuck. One clarification is enough; discuss remaining gaps afterward.

The outgoing learner has a guided brief and may use the worksheet prompts. Keep this role card separate during preparation.

CC BY 4.0

Nursing faculty teaching resource

OBSERVER REFERENCE

Facts for the observer

Keep this page beside the observer worksheet. Check the words heard against these facts without giving the outgoing learner the model answer.

Patient	Diane Foster, 68 years; fictional MRN 730516
Location	5 West, room 521
Admission	Postoperative day 1 after laparoscopic cholecystectomy for acute cholecystitis. Observation continues after nausea and limited oral intake; discharge awaits intake and mobility review.
History / status	Hypertension; no known medication allergies; full code
Latest assessment	At 6:15 p.m.: alert, oriented, no nausea or dizziness; incisions clean and dry. Pre-dose pain 4/10 at the incision with movement; patient goal 3/10 or less.
Recent medication	Acetaminophen 650 mg orally at 6:15 p.m., administered under the existing order.
Mobility / intake	Tolerating oral fluids. Fall precautions and one-person assistance for walking under the current care plan.
Vitals at 6:15 p.m.	Blood pressure: 128/76 mmHg; Heart rate: 82/min; Respiratory rate: 16/min; Oxygen saturation: 97% on room air; Temperature: 98.6 °F (37.0 °C)

Plan and uncertainty

Reassess pain at 7:15 p.m., one hour after the oral dose. Assist with toileting when requested; check pain and dizziness before standing and provide one-person assistance. If pain remains above the goal, reassess and contact the covering surgical clinician for review of the pain plan. Promptly report new or increasing abdominal pain, fever, vomiting or changed vital signs; use the emergency pathway for deterioration.

The response to the recent acetaminophen dose is not known. The patient requests help to the bathroom; provide one-person assistance. A correct handoff identifies this uncertainty and transfers the reassessment to a named nurse at the supplied time.

Credit equivalent wording and an appropriate interpretation. Do not credit an invented improvement or a reassessment described as already completed.

Fictional scenario for formative communication practice. Not clinical guidance or a validated assessment. Confirm the facts and care plan against your local policy before teaching.

Version 1.0 | November 4, 2026 medical.linguacopilot.in

CC BY 4.0

Nursing faculty teaching resource

OBSERVER WORKSHEET

Observe the handoff

Patient: Diane Foster | Guided brief | Cooperative receiver

Outgoing learner: _____ Observer: _____

O = observed as described; N = not yet demonstrated; N/A = no opportunity (explain). Note missing parts and prompts (Y/N). Use the reference. No total score.

Behavior	Attempt 1	Attempt 2
1. Identifies the patient using name and MRN.	O / N / N/A Prompt: Y / N	O / N / N/A Prompt: Y / N
2. Communicates the pending task and one-person mobility assistance.	O / N / N/A Prompt: Y / N	O / N / N/A Prompt: Y / N
3. Includes the recent medication and administration time.	O / N / N/A Prompt: Y / N	O / N / N/A Prompt: Y / N
4. States the unknown medication response; corrects an assumption if raised.	O / N / N/A Prompt: Y / N	O / N / N/A Prompt: Y / N
5. Gives the reassessment time (7:15 p.m.).	O / N / N/A Prompt: Y / N	O / N / N/A Prompt: Y / N
6. Establishes who will take the pending task.	O / N / N/A Prompt: Y / N	O / N / N/A Prompt: Y / N
7. Communicates the supplied contingency.	O / N / N/A Prompt: Y / N	O / N / N/A Prompt: Y / N
8. Invites clarification and obtains receiver confirmation.	O / N / N/A Prompt: Y / N	O / N / N/A Prompt: Y / N

Attempt 1: words heard

Note missing parts and prompts using row numbers. Choose one target.

Attempt 2: words heard

What changed? Note remaining gaps and a next target.

Fictional scenario for formative communication practice. Not clinical guidance or a validated assessment. Confirm the facts and care plan against your local policy before teaching.

Version 1.0 | November 4, 2026

CC BY 4.0