

# I-PASS, a Mnemonic to Standardize Verbal Handoffs

Pediatrics

129, 201-204

DOI: [10.1542/peds.2011-2966](https://doi.org/10.1542/peds.2011-2966)

Citation Report

#	ARTICLE	IF	CITATIONS
1	Training for Efficiency. <i>Journal of Health and Social Behavior</i> , 2012, 53, 344-358.	2.7	34
2	The collaborative communication model for patient handover at the interface between high-acuity and low-acuity care. <i>BMJ Quality and Safety</i> , 2012, 21, i58-i66.	1.8	61
3	The patient handover as an entrustable professional activity: adding meaning in teaching and practice. <i>BMJ Quality and Safety</i> , 2012, 21, i9-i12.	1.8	66
4	Development of the pediatric research in inpatient settings (PRIS) network: Lessons learned. <i>Journal of Hospital Medicine</i> , 2012, 7, 661-664.	0.7	8
5	Factors associated with intern noncompliance with the 2003 Accreditation Council for Graduate Medical Education's 30-hour duty period requirement. <i>BMC Medical Education</i> , 2012, 12, 33.	1.0	1
6	Quality Improvement Research in Pediatric Hospital Medicine and the Role of the Pediatric Research in Inpatient Settings (PRIS) Network. <i>Academic Pediatrics</i> , 2013, 13, S54-S60.	1.0	21
7	Handoff checklists improve the reliability of patient handoffs in the operating room and postanesthesia care unit. <i>Paediatric Anaesthesia</i> , 2013, 23, 647-654.	0.6	78
8	Answering questions on call: Pediatric resident physicians' use of handoffs and other resources. <i>Journal of Hospital Medicine</i> , 2013, 8, 328-333.	0.7	8
9	Closing the Gap: A Needs Assessment of Medical Students and Handoff Training. <i>Journal of Pediatrics</i> , 2013, 162, 887-888.e1.	0.9	17
10	I'm Clear, You're Clear, We're All Clear. <i>Academic Medicine</i> , 2013, 88, 753-758.	0.8	36
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13	Electronic handoff instruments: a truly multidisciplinary tool?. <i>Journal of the American Medical Informatics Association: JAMIA</i> , 2014, 21, e352-e357.	2.2	13
14	Trainee and Program Director Perceptions of Quality Improvement and Patient Safety Education. <i>Clinical Pediatrics</i> , 2014, 53, 1248-1254.	0.4	4
15	Sign-out snapshot: cross-sectional evaluation of written sign-outs among specialties. <i>BMJ Quality and Safety</i> , 2014, 23, 66-72.	1.8	11
16	Development, Implementation, and Dissemination of the I-PASS Handoff Curriculum. <i>Academic Medicine</i> , 2014, 89, 876-884.	0.8	158
17	Morning Handover of On-Call Issues. <i>JAMA Internal Medicine</i> , 2014, 174, 1479.	2.6	29
18	Changes in Medical Errors after Implementation of a Handoff Program. <i>New England Journal of Medicine</i> , 2014, 371, 1803-1812.	13.9	685

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20	Pediatric Residency Program Handover: Before and After the ACGME Requirement. <i>Academic Pediatrics</i> , 2014, 14, 610-615.	1.0	2
21	Decreasing Handoff-Related Care Failures in Children's Hospitals. <i>Pediatrics</i> , 2014, 134, e572-e579.	1.0	84
22	Placing Faculty Development Front and Center in a Multisite Educational Initiative: Lessons From the I-PASS Handoff Study. <i>Academic Pediatrics</i> , 2014, 14, 221-224.	1.0	15
23	The Group Objective Structured Clinical Experience: Building communication skills in the clinical reasoning context. <i>Patient Education and Counseling</i> , 2014, 96, 79-85.	1.0	25
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25	Interhospital transfers: The need for standards. <i>Journal of Hospital Medicine</i> , 2015, 10, 415-417.	0.7	11
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31	Teaching and Assessing ED Handoffs: A Qualitative Study Exploring Resident, Attending, and Nurse Perceptions. <i>Western Journal of Emergency Medicine</i> , 2015, 16, 823-829.	0.6	5
32	Physician and Nurse Nighttime Communication and Parents' Hospital Experience. <i>Pediatrics</i> , 2015, 136, e1249-e1258.	1.0	16
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130	Improving Patient Handoffs and Transitions through Adaptation and Implementation of I-PASS Across Multiple Handoff Settings. <i>Pediatric Quality &amp; Safety</i> , 2020, 5, e323.	0.4	32
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133	Overnight cross-coverage on hospital medicine services: perceived workload based on patient census, pager volumes, and patient acuity. <i>Hospital Practice (1995)</i> , 2020, 48, 108-112.	0.5	6
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#	ARTICLE	IF	CITATIONS
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