Observer Information:
Name: ____________________  Date: _ _ / _ _/ _ _ (mm/dd/yy)  Obs. Start Time: _ _ : _ _ am/pm  Obs. End Time: _ _ : _ _ am/pm

How well do you know the patients whose handoff you are evaluating?  
☐ Very well  ☐ Somewhat well  ☐ Not at all

Resident Information:
Name: ____________________  PGY Level: _______  Total number of patients discussed during the handoff ______

Type of Handoff
1. Please indicate the type of handoff you observed (check one):  
☐ Individual  ☐ Team

<table>
<thead>
<tr>
<th>How frequently did the resident receiving the handoff do the following?</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Verbalize a concise, accurate summary of each patient</td>
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<td>3. Appeared focused, engaged, and demonstrated active listening skills.</td>
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</table>

4. Rate your impression of the number of clarifying questions asked by the receiver:
☐ Insufficient number of questions  ☐ Appropriate number of questions  ☐ Excessive number of questions

5. What was especially effective about the handoff?  
6. What aspect(s) of the handoff could be improved?  
7. Additional comments:

8. Was resident given feedback within 24 hours of observing sign-out?  
☐ Yes  ☐ No