

I-PASS Study

Verbal Handoff Assessment: Faculty Observation and Feedback for Receiver

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

| How frequently did the resident <u>receiving</u> the handoff do the following: | Never | Rarely | Sometimes | Usually | Always |
|--|-------|--------|-----------|---------|--------|
| 2. Verbalize a concise, accurate summary of each patient | | | | | |
| 3. Appear focused, engaged, and demonstrate active listening skills. | | | | | |

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