Verbal Handoff Observation and Feedback form-Receiver

Observor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Obs Start-End Times:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you familiar with the patients whose handoff you are observing: yes no

Resident Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PGY level: \_\_\_\_\_\_\_\_\_\_ Number of patients observed:\_\_\_\_\_\_

1. How often did you observe the handoff receiver:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Usually | Always |
| Verbalize understanding of the patient’s clinical status/course |  |  |  |  |  |
| Demonstrate active listening |  |  |  |  |  |
| Ask clarifying questions |  |  |  |  |  |
| Engage in tangential or unrelated conversation |  |  |  |  |  |

 2. What was effective about the handoff observed?

3. What was ineffective about the handoff observed?

4. Was the resident given feedback within 24 hours of observed handoff?