

## Resident Oral Sign-Out Evaluation

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Completed by (name/service): \_\_\_\_\_

Evaluation of (name/service): \_\_\_\_\_

	<i>Please choose the appropriate box</i>		
<b><u>VERBAL HANDOFF</u></b>	YES	NO	NA
The sign-out is face to face?			
The sign-out took place in a setting free of interruptions and distracting noises?			
Use of concise, concrete, closed-loop language?			
Code status is mentioned if the patient is not full code?			
Highlights sickest patients?			
Specifies the clinical condition of each patient?			
Includes general hospital course?			
Specifies relevant new events?			
Includes up-to-date task list?			
Anticipatory guidance and rationale provided?			
Provides opportunity for read-back and questions?			
Is there an accompanying written signout?			
<b><u>RECEIVER</u></b>			
Did the receiver take notes?			
Did the receiver ask questions?			
Did the receiver confirm understanding?			