I-PASS Study

Verbal Handoff Assessment: Faculty Observation and Feedback Tool for Giver

Resident Information: Name:	Observer Information:								
Resident Information: Name:	Name:	Date:/_	/ (mm/dd/yy)		:	(Obs. End Time	e: :	am/ pm
Name: PGY Level: Total number of patients discussed during the handoff: Type of Handoff 1. Pleuse indicate the type of handoff you observed:	How well do you know th	ne patients whose	e handoff you are o	evaluating?	□ Very	well	☐ Somewhat	well 🗆 N	Not at all
Type of Handoff 1. Please indicate the type of handoff you observed: Individual Team Team Team Team Team Team Situational Overview (Big Picture) Was a situational overview provided by the resident giving the handoff (e.g. description of the	Resident Information:								
1. Please indicate the type of handoff you observed: Individual Team Situational Overview (Big Picture) 2. Was a situational overview provided by the resident giving the handoff (e.g. description of the Yes No "big picture" of what will need to be prioritized by the receivers of the handoff): Indicate the frequency that the specific element of the mnemonic was used throughout the handoff. Verbal Mnemonic Description Nevr Rarely Sometimes Usually Always 3. [liness Seventy Identification as stable, "watcher", or unstable 4. Patient Summary Summary statement, events leading up to admission, hospital course, ongoing assessment, plan 5. Action List To do list; timeline and ownership 6. Situation Awareness/ Contingency Planning 7. Synthesis by Receiver Ensures receiver summarizes what was heard, asks questions, restates key action/to do items Rate the frequency with which the resident who gave the handoff did the following: 8. Actively engages receiver to ensure shared understanding of patients (Incouraged questions, asked questions, considers learning style of receiver)	Name:	PGY Leve	el:	Total number of pa	tients disc	ussed du	ring the hando	ff :	
2. Was a situational overview provided by the resident giving the handoff (e.g. description of the	Type of Handoff 1. Please indicate the type	of handoff you o	bserved:				☐ Individua	al 🗆 ′	Геат
Verbal Mnemonic Description Never Rarely Sometimes Usually Always	2. Was a situational overvi	iew provided by t			cription o	f the	□ Yes		No
3. Illness Severity Identification as stable, "watcher", or unstable 4. Patient Summary 5. Action List Summary Statement, events leading up to admission, hospital course, ongoing assessment, plan 5. Action List To do list; timeline and ownership 6. Situation Awareness/ Contingency Planning 7. Synthesis by Receiver Ensures receiver summarizes what was heard, asks questions, restates key action/to do items Rate the frequency with which the resident who gave the handoff did the following: 8. Actively engages receiver to ensure shared understanding of patients (Encouraged questions, asked questions, considers learning style of receiver) 9. Appropriately prioritizes key information, concerns, or actions Rate the frequency with which the resident who gave the handoff did the following: 10. Miscommunications or transfer of erroneous information 11. Omissions of important information 12. Tangential or unrelated conversation 13. Rate your overall impression of the pace of the handoff: Very slow pace/	Indicate the frequency th	at the specific el		nonic was used thr	oughout	the hand			
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hospital course, ongoing assessment, plan	3. <u>I</u> llness Severity	Identification a	s stable, "watcher",	or unstable					
5. Action List	4. <u>P</u> atient Summary								
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□ Very slow pace/ Very inefficient □ Slow pace/ Inefficient □ Slow pace/ Efficient but not rushed □ Fast/pressured pace □ Very f	12. Tangential of uniciated	1 conversation							
Very inefficient Inefficient Efficient but not rushed 14. What was especially effective about the handoff? 15. What aspect(s) of the handoff could be improved? 16. Additional comments:	13. Rate your overall imp	oression of the <i>po</i>	ace of the handoff:						
the handoff? improved?	• •			• •	□ Fast/pre	essured pa	ace □Very	fast/pressu	red pace
		effective about	• ', '			16. Additional comments:			
17. Was the resident given feedback within 24 hours of your observation? \Box Yes \Box No		a n v 5 = 1					N		