

Trainee Name: \_\_\_\_\_ Attending Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

**Verbal Sign-Out Feedback Form**

**ATTENDING: PLEASE COMPLETE THIS FORM DURING DIRECT OBSERVATION OF OVERNIGHT HANDOFF, AND GIVE VERBAL FEEDBACK TO TRAINEE**

**1. Emphasized sick patients**

Poor quality

*Did not prioritize*

*Did not emphasize that the patients were sick*

1

2

3

4

Excellent quality

*Signed out the sick patients first*

*Emphasized the patient is "sick"*

5

**2. BRIEFLY described need-to-know important history and events-of-the-day**

Poor quality

*Included irrelevant information\*OR\**

*Omitted important information*

*Too verbose*

1

2

3

4

Excellent quality

*Concise (1-3 lines)*

*Included information that is important for cross-cover*

5

**3. Provided appropriate "if-then" anticipatory guidance with rationale**

Poor quality

*Overly detailed and inclusive \*OR\**

*Did not provide guidance*

*No rationale given*

1

2

3

4

Excellent quality

*Appropriate level of detail*

*Used "if then" (or similar) statements*

*Provided rationale*

5

**4. Provided appropriate "to do items" with if-then guidance.**

Poor quality

*Inappropriate "to do" items (e.g., items that could have been done by the day team)*

*Did not provide enough info (vague timing, activity)*

1

2

3

4

Excellent quality

*Reasonable "to do" items*

*Provided guidance on results*

*Provided enough detail (e.g., check lab at 10p)*

5

Please follow up with the intern the following morning if:

1. Their written sign out was incomplete OR not up-to-date
2. Events occurred overnight for which you needed more information (that could have been provided during sign out) to effectively manage the patient.