

COACHING I-PASS Handoff Observation Tool: Feedback for Receiver

Observer Information:

Name: _____ Date: __/__/__ (dd/mm/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. Self-Reflection	Feedback on Self-Reflection	Feedback Highlights	Next Steps
		Keep: Change:	

6. Was resident given feedback within 24 hours of observing sign-out? Yes No