Ochsner Graduate Medical Education

Transitions in Care Project

Surveys and Tools
<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Sometimes</th>
<th>Most of the Time</th>
<th>Always</th>
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<tbody>
<tr>
<td>We use a standardized hand-over process on my service</td>
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<tr>
<td>Hand-overs are verbal</td>
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<tr>
<td>Hand-overs are written</td>
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<tr>
<td>I have been taught how to do a proper hand-over (sign out)</td>
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<td>Hand-overs are supervised by faculty</td>
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<tr>
<td>Hand-overs are supervised by senior residents or fellows</td>
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<tr>
<td>I receive feedback on my hand-overs</td>
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<tr>
<td>Enough time is allocated for complete hand-overs</td>
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<tr>
<td>Hand-overs occur in a quiet area without interruption</td>
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<tr>
<td>I am satisfied with our hand-over procedure</td>
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<tr>
<td>I receive complete an accurate sign-out on every patient</td>
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Faculty Survey

Please Indicate to what extent you agree with the following

I routinely observe hand-over process

Never ______ Sometimes ______ Most of the Time ______ Always ______

Sr Residents in my program are prepared to mentor / supervise hand-overs

Never ______ Sometimes ______ Most of the Time ______ Always ______

We use a standardized hand-over procedure on my service

Never ______ Sometimes ______ Most of the Time ______ Always ______

Effective, efficient management of the hand-over process is part of my program curriculum

Never ______ Sometimes ______ Most of the Time ______ Always ______

I provide feedback / mentoring during hand over activities

Never ______ Sometimes ______ Most of the Time ______ Always ______

I am satisfied with our current hand-over process

Never ______ Sometimes ______ Most of the Time ______ Always ______

I have identified patient safety issues that have occurred as a result to the hand-over process

Never ______ Sometimes ______ Most of the Time ______ Always ______
GME – Transitions in Care Project
Verbal Handoff Assessment: Faculty Observation and Feedback Tool for Giver

Observer Information:  
Date: ___ / ___ / ___ (mm/dd/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:  
Service: _______  
PGY Level: _______  
Total number of patients discussed during the handoff: _______

Type of Handoff
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 “big picture” of what will need to be prioritized by the receivers of the handoff)?  
□ Yes  □ No

Indicate the frequency that the specific element of the mnemonic was used throughout the handoff.

<table>
<thead>
<tr>
<th>Verbal Mnemonic</th>
<th>Description</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
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<tbody>
<tr>
<td>3. Illness Severity</td>
<td>Identification as stable, “watcher”, or unstable</td>
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<td>4. Patient Summary</td>
<td>Summary statement, events leading up to admission, hospital course, ongoing assessment, plan</td>
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<td>5. Action List</td>
<td>To do list; timeline and ownership</td>
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<td>6. Situation Awareness/ Contingency Planning</td>
<td>Know what’s going on; plan for what might happen</td>
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<td>7. Synthesis by Receiver</td>
<td>Ensures receiver summarizes what was heard, asks questions, restates key action/to do items</td>
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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)  
□ Never  □ Rarely  □ Sometimes  □ Usually  □ Always

9. Appropriately prioritizes key information, concerns, or actions  
□ Never  □ Rarely  □ Sometimes  □ Usually  □ Always

Rate the frequency with which the resident who gave the handoff did the following:

10. Miscommunications or transfer of erroneous information  
□ Never  □ Rarely  □ Occasionally  □ Fairly Often  □ Very Often

11. Omissions of important information

12. Tangential or unrelated conversation

13. Rate your overall impression of the pace of the handoff:

□ Very slow pace/Very inefficient  □ Slow pace/Inefficient  □ Optimally paced/Efficient but not rushed  □ Fast/pressured pace  □ Very fast/pressured pace

14. What was especially effective about the handoff?  

15. What aspect(s) of the handoff could be improved?  

16. Additional comments:

17. Was the resident given feedback within 24 hours of your observation?  
□ Yes  □ No

10/11/2012  
Form 2: Verbal Handoff Assessment: Faculty Observation and Feedback Tool for Giver  
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