

HAND-OFF CEX[®] (PROVIDER EVALUATION)

Evaluator: _____ Evaluatee: _____ Ward: _____ Date: _____

Evaluatee: intern resident student Other: _____ Situation: End of shift Transfer between services Admission

Setting (Not observed)

≥ 5 interruptions;
noisy, chaotic

1	2	3		4	5	6		7	8	9	
Unsatisfactory				Satisfactory				Superior			no interruptions; silent

Organization/efficiency (Not observed)

disorganized;
rambling

1	2	3		4	5	6		7	8	9	
Unsatisfactory				Satisfactory				Superior			standardized sign-out; concise

Communication skills (Not observed)

not face-to-face;
understanding not confirmed;
no time for questions;
responsibility for tasks unclear;
vague language

1	2	3		4	5	6		7	8	9	
Unsatisfactory				Satisfactory				Superior			face-to-face sign-out; understanding confirmed; questions elicited; responsibility for tasks clearly assigned; concrete language

Content (Not observed)

information omitted
or irrelevant;
clinical condition omitted;
'to dos' lack plan, rationale

1	2	3		4	5	6		7	8	9	
Unsatisfactory				Satisfactory				Superior			all essential information included clinical condition described 'to dos' have plan, rationale

Clinical judgment (Not observed)

no recognition of
sick patients;
no anticipatory guidance

1	2	3		4	5	6		7	8	9	
Unsatisfactory				Satisfactory				Superior			sick patients identified; anticipatory guidance provided with plan of action

Humanistic qualities/professionalism (Not observed)

hurried, inattentive
inappropriate comments re:
pts, family, staff

1	2	3		4	5	6		7	8	9	
Unsatisfactory				Satisfactory				Superior			focused on task appropriate comments re: patients, family, staff

Overall sign-out competence (Not observed)

1	2	3		4	5	6		7	8	9	
Unsatisfactory				Satisfactory				Superior			

Evaluation time: Observing: _____ min Providing feedback: _____ min

Evaluator satisfaction with evaluation:

Low	1	2	3		4	5	6		7	8	9	High
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Evaluatee satisfaction with evaluation:

Low	1	2	3		4	5	6		7	8	9	High
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Comments:
