HAND-OFF CEX© (RECIPIENT 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	*no interruptions; silent*
	Unsatisfactory				Satisfactory				Superior			

Organization/efficiency (○ Not observed)

disorganized; ill-prepared	1	2	3	|	4	5	6	|	7	8	9	*prepared for note-taking; takes notes*
	Unsatisfactory				Satisfactory				Superior			

Communication skills (○ Not observed)

no interaction; no questioning; no read-back; no acceptance of responsibility for tasks; vague language	1	2	3	|	4	5	6	|	7	8	9	*face-to-face sign-out; asks questions; read-back of assigned tasks; accepts responsibility; concrete language*
	Unsatisfactory				Satisfactory				Superior			

Clinical judgment (○ Not observed)

no recognition of sick patients; no request for anticipatory guidance	1	2	3	|	4	5	6	|	7	8	9	*sick patients recognized; anticipatory guidance requested*
	Unsatisfactory				Satisfactory				Superior			

Humanistic qualities/professionalism (○ Not observed)

hurried, inattentive inappropriate comments re: pts, family, staff	1	2	3	|	4	5	6	|	7	8	9	*focused on task; appropriate comments re: patients, family, staff*
	Unsatisfactory				Satisfactory				Superior			

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

Evaluatee satisfaction with evaluation:

Low 1 2 3 | 4 5 6 | 7 8 9 High

Comments: _____

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Please email patienthandoffs@gmail.com with comments or questions.