**Resident Transitions of Care Evaluation Form**

**Resident Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PGY Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervising Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The hand-off was done in a quiet and controlled environment in order to limit distractions (20%)

**□** Yes **□** No

The hand-off was done face to face and was interactive (20%)

**□** Yes **□** No

The resident used the standard sign-off sheet to complete the hand-off (20%)

**□** Yes **□** No

The following required elements were completed for each patient during the hand-off (20%):

 Significant exam findings **□** Yes **□** No

 Pertinent Lab/Xray Data **□** Yes **□** No

 Pending Information **□** Yes **□** No

 Change in Attending Physician **□** Yes **□** No

 Family/Contact Info **□** Yes **□** No

The resident articulated recent changes and anticipated changes (including pending diagnostics and potential complications) succinctly, on-target and with appropriate thoroughness for training level (20%)

**□** Yes **□** No

**Comments/Feedback:**

**Overall performance: % out of 100%**

**Signature of Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**