Handoff Mini-CEX: S-I-G-N-O-U-T-?

INSTRUCTIONS: CHECK box if PRESENT, CIRCLE box if ABSENT

☐ S: SICK/DNR	Sickest patients were identified. Code status was clearly available for each patient
☐ I: IDENTIFYING DATA	Name, Team, ID number (MRN, last four SSN), Age, Gender were prominent. Current and active Dx was accurate. Medications/Allergies UTD
☐ G: GENERAL COURSE	Key components of current hospitalization communicated. Course to date outlined
☐ N: NEW EVENTS	Complete update provided including any new recent procedures. Review of any/all pending issues including psychosocial
☐ O: OVERALL HEALTH	Clinical condition of patient's status. Reviewed known abnormalities on exam (neuro deficits, etc.)
☐ U: UPCOMING POSSIBILITIES	Outgoing resident uses of "if, then" statements and anticipates what might occur, gives plan and rationale for next steps with potential results (ex: may be hypertensive, give PO hydralazine because bradycardic and can tolerate PO, may get tachycardic afterwards.)
☐ T: TASKS TO COMPLETE	Overnight tasks to complete with time course and urgency. Tasks include rationale and plan for next steps with potential results (ex: troponin at 2100, if elevated call cardiology because may have NSTEMI).
☐ ?: ANY QUESTIONS	Outgoing resident requires review of top clinical concerns. Works to clarify and provide opportunity for questions.

Setting:
☐ Quiet   ☐ No interruptions/No Loud noises   ☐ Face-to-face   ☐ Secure (HIPAA)

Name of Intern: _____   Name of Resident observing: _____
Date of Observation: _____   Hospital/Month (ICU/Wards): _____

Feedback/Suggestions:

[ ]

Overall Grade of Hand off (*please circle*):
Stellar   Above Average   Average   Below Average   Dangerous/Inadequate
Overall Grade of Hand off sheet (*please circle*):
Stellar   Above Average   Average   Below Average   Dangerous/Inadequate

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