

## Orthopaedic Observation of Transition Evaluation Form

Observer: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Service: \_\_\_\_\_

Check-out Resident: \_\_\_\_\_ Recipient: \_\_\_\_\_

	<b>Adequate</b>	<b>Inadequate</b>
<b>Structure</b>		
Clarity of patient presentation		
Clarity of safety concerns		
Clarity of actions that are required		
Clarity of residents and faculty that are on-call		
<b>Clarity of care plan</b>		
<b>Recipient was able to express questions/concerns</b>		

<b>Length</b>	Appropriate	Too Short	Too Long
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**Comments:**