

Orthopaedic Spot-check Hand-off Form

Observer: _____ Date: _____ Time: _____

Service: _____

On Call Resident: _____ Level: ____1 ____2 ____3 ____4 ____5

	Adequate	Inadequate
Could name residents and faculty on-call		
Had information in all inpatients		
Had information on all consults, ER patients		
Index patient query:		
Clarity of index patient presentation		
Clarity of index patient safety concerns		
Clarity of index patient actions required		
Clarity of index patient care plan		
Understanding of rationale behind treatment		

Overall Understanding of the patients	Poor – Unable to articulate or express understanding	Acceptable – missed a few things but not important issues	Excellent – on top of patient info, details & treatment plan
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Comments: