

Evaluation Form



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Sign-out evaluation by faculty

Evaluator: _____

Evaluation of: _____

Date: _____

1. Date of sign-out _____

2. Sign-out is face to face N/A
 Yes
 No

3. Sign-out took place in a setting free of interruptions and
distracting noises N/A
 Yes
 No

4. Code status is mentioned if the patient is not full code N/A
 Yes
 No

5. Highlights sickest patients N/A
 Yes
 No

6. Specifies the clinical condition of each patient N/A
 Yes
 No

7. Includes the general hospital course N/A
 Yes
 No

8. Specifies relevant new events

- N/A
- Yes
- No

9. Includes up-to-date task list

- N/A
- Yes
- No

10. Provides anticipatory guidance and rationale

- N/A
- Yes
- No

11. Provides opportunity for read-back and questions

- N/A
- Yes
- No

12. Gives accompanying written signout

- N/A
- Yes
- No

13. Comments
