

Direct Observation: Handoffs (iPASS)
SubI Wards

Student Name: _____

Date: _____

Evaluator: _____

Behavior	Done	Not Done	Comments (if applicable)
Illness Severity (stable, unstable)			
Patient Summary			
Summary Statement			
Events prior to admission OR diagnosis			
Hospital Course			
Ongoing Assessment			
Plan of Care			
Action List			
To Do			
Timeline			
Situation Awareness and Contingency Plan			
Synthesis (only if applicable/if receiving handoff as well)			
Summarize			
Ask Questions			
Actively engages in handoff process			
Appropriately prioritizes key information			
Keeps tangential conversations to a minimum			
Well paced/Efficient			
Code Status			

Comments: _____

Student Signature: _____

Evaluator Signature: _____