Handover Mini-CEX: 5 P's + 3-Way

Instructions: CHECK box if PRESENT CIRCLE box if ABSENT

CURRENT/ACTIVE diagnoses were accurate; important meds/allergies described Patients were presented with the sickest first DNR/Allow Natural Death status was clearly stated
DNR/Allow Natural Death status was clearly stated
Key components of current hospitalization communicated; Course to date outlined
Complete update provided including any recent procedures
Review of any/all pending issues including psychosocial
Clinical condition of patient's status; Reviewed known abnormalities on exam
Overnight tasks to complete with time course and urgency; Tasks include rationale & plan for next steps with potential results
Outgoing trainee uses of "if, then" statements/anticipates; what might occur with plan & rationale to address them, including iv access
Outgoing trainee requests review of top clinical concerns; Works to clarify and provide opportunity for questions

Setting:

🛛 Quiet

No interruptions

U Well-paced

Secure (HIPAA)

(check all that apply)

Adapted from J. Rushton and A. Djuricich, Indiana University, APPD Share Warehouse, <u>http://www.appd.org/ed_res/share_warehouse.cfm</u>, accessed July 19, 2011, which was adapted from Horwitz, L. et al., <u>Journal of General Internal Medicine</u>, 22(10): 1470-4.

Name:	

Training Level: _____

Feedback/Suggestions:

Overall Grade of Handover (*please circle*)

Stellar	Above Average	Average	Below Average	Dangerous/Inadequate
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Stellar	Average	Dangerous/Inadequate
 communicated all important issues accurate clinical info on all patients including iv access anticipated most critical issues offered viable possibilities most critical patients presented first checked listener's understanding of key issues thorough without burdensome info 	 communicated most but not all important issues did not anticipate most likely issue for patient(s) minimal "if, then" statements did not present most critical patients first did not answer receiver's questions thoroughly too much irrelevant info on some patients 	 omitted many important issues inaccurate clinical info on patients no "if, then" statements did not highlight most critical patients/issues too hurried to check listener's understanding too little info on many patient

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