Sign-out Safety Project - Questionnaire

Date: \_\_\_ / 2019 PGY – 1 / 2 / 3

(Month)

Q1 - Did you receive floor calls which were not expected based on anticipatory guidance given during sign-out?

* Yes / No
* If yes,   
  Number of pages about pain: \_\_\_   
  Number of pages about BP: \_\_\_  
  Number of pages about other issues: \_\_\_

Q2 – Any CONDITION C?

* Yes / No
* If yes, did you have the pertinent information from sign-out in order to manage the condition?
* Yes / No

Q3 – After sign-out at 7 pm, how confident did you feel you could safely care for overnight patient?

Very Very

Unconfident Confident

1 2 3 4 5

Q4 – Did the anticipatory guidance given during sign-out help you to manage the night floor calls?

Not at all Slightly Somewhat Very Helpful Extremely Helpful

1 2 3 4 5

Any suggestions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your cooperation. These data will be confidential and used only for QI project.

Should you have any questions or suggestions regarding our projects, please feel free to contact Kento (or Dr. Nakaishi).