**Appendix 2: Survey administered to resident physicians**

1. Where does the check out usually take place?
	1. Workroom
	2. Call room
	3. Hallway
	4. Phone
	5. Other:
2. On average, how long do you spend on discussing each newly admitted patient’s checkout?
	1. I skip most patients
	2. < 30 seconds
	3. 30 seconds – 1 minute
	4. 1 – 2 minutes
	5. >2 minutes
3. On average, how long do you spend on discussing each KNOWN patient’s checkout?
	1. I skip most patients
	2. < 30 seconds
	3. 30 seconds – 1 minute
	4. 1 – 2 minutes
	5. >2 minutes
4. I spend more time on a patient if:
	1. I spend an equal amount of time on each patient
	2. They have more tasks left “to do”
	3. They are more “sick”
	4. They are new patients
	5. They are old patients
	6. Other:
5. When I GIVE checkout, I somehow verify that the incoming resident has understood critical patient issues.
	1. Never
	2. Sometimes
	3. Frequently
	4. Always
6. A Senior Resident or Attending is present during checkout
	1. Never
	2. Sometimes
	3. Frequently
	4. Always
7. I provide the covering intern with an updated list of the patients prior to checkout
	1. Never
	2. Sometimes
	3. Frequently
	4. Always
8. Having a night float intern provides for safer patient care compared to the call team covering for patients during the night
	1. Disagree
	2. Unlikely
	3. Neutral
	4. Likely
	5. Agree
9. The checkout list saves me time compared to going back to the chart
	1. Strongly disagree
	2. Disagree
	3. Neutral
	4. Agree
	5. Strongly agree
10. When receiving checkout, I’m informed about each patient’s plan for the next day
	1. Never
	2. Sometimes
	3. Frequently
	4. Always
11. I document in an EMR note new events that required action. (e.g. drop in H&H, transfusion.)
	1. Never
	2. Sometimes
	3. Frequently
	4. Always
12. When receiving checkout, I RECEIVE a “DO NOT DO” list? (e.g., do NOT re-insert NG tube)
	1. Never
	2. Sometimes
	3. Frequently
	4. Always
13. When giving checkout, I GIVE a “DO NOT DO” list? (e.g., do NOT reinsert NG tube)
	1. Never
	2. Sometimes
	3. Frequently
	4. Always
14. What is most often missed in checkout?
	1. Fill in your own answer:
15. When a patient has been hemodynamically unstable, regardless of duration, I make usre the covering intern is aware of al the day’s events.
	1. Never
	2. Sometimes
	3. Frequently
	4. Always
16. I make sure to check out changes in oxygen requirements
	1. Never
	2. Sometimes
	3. Frequently
	4. Always
17. I make sure to check out changes in laboratory values
	1. Never
	2. Sometimes
	3. Frequently
	4. Always
18. I make sure to check out telemetry events.
	1. Never
	2. Sometimes
	3. Frequently
	4. Always
19. I make sure to check out radiology or cardiac imaging results.
	1. Never
	2. Sometimes
	3. Frequently
	4. Always
20. I make sure to check out fever workups that are underway.
	1. Never
	2. Sometimes
	3. Frequently
	4. Always
21. I make sure to inform the incoming resident about what to do if a patient has a new fever.
	1. Never
	2. Sometimes
	3. Frequently
	4. Always
22. I inform the incoming resident if a patient is taking his/her own meds.
	1. Never
	2. Sometimes
	3. Frequently
	4. Always
23. I make sure to inform the incoming resident of patients’ Advanced Directives.
	1. Never
	2. Sometimes
	3. Frequently
	4. Always
24. I make sure to inform the incoming resident of patients who are expected to die during the shift
	1. Never
	2. Sometimes
	3. Frequently
	4. Always
25. I make sure to inform the incoming resident of tasks that I completed that were NOT requested (e.g., correcting potassium values found on AM labs before the primary team arrives.)
	1. Never
	2. Sometimes
	3. Frequently
	4. Always
26. My preferred type of RECEIVING checkout is:
	1. Face to Face
	2. Telephone
	3. List on bulletin board
	4. Dropped off sheet
27. My preferred type of GIVING checkout is:
	1. Face to Face
	2. Telephone
	3. List on bulletin board
	4. Dropped off sheet
28. I follow a standardized routine (order of discussion) for checkout on each patient (e.g., by problems, systems, by surgery)
	1. Never
	2. Sometimes
	3. Frequently
	4. Always
29. I give “If/Then” instructions during checkout? (IF hypertensive/THEN give…)
	1. Never
	2. Sometimes
	3. Frequently
	4. Always
30. If a patient requires close attention I examine him/her at the bedside with the incoming resident
	1. Never
	2. Sometimes
	3. Frequently
	4. Always
31. I keep a written log of daily events for each patient for checkout
	1. Never
	2. Sometimes
	3. Frequently
	4. Always
32. I feel that the current checkout procedure is safe:
	1. Never
	2. Sometimes
	3. Frequently
	4. Always
33. A standardized verbal checkout would be beneficial to provide safer care.
	1. Yes
	2. No
34. A standardized checkout sheet would be beneficial to provide safer care.
	1. Yes
	2. No
35. A checklist to go over during checkout would be beneficial to provide safer care
	1. Yes
	2. No
36. Do you think that the patient load at night/crosscover compromises patient safety?
	1. Yes
	2. No
	3. Sometimes
37. I feel that by the end of the checkout I know exactly what is going on with each of the patients for whom I am caring on the next shift.
	1. Never
	2. Sometimes
	3. Frequently
	4. Always
38. I feel that by the end of the checkout I know exactly which of the patients will require the most attention
	1. Never
	2. Sometimes
	3. Frequently
	4. Always
39. I feel that by the end of the checkout I know exactly which of the patients are the “most sick”
	1. Never
	2. Sometimes
	3. Frequently
	4. Always
40. I feel that after I received checkout I am responsible for everything that happens to any patient
	1. Never
	2. Sometimes
	3. Frequently
	4. Always
41. I think that the checkout process can be improved.
	1. Yes
	2. No
42. My official year in training
	1. PGY-1
	2. PGY-2
	3. PGY-3
	4. PGY-4
	5. PGY-5
	6. >PGY-6
43. My age in years at my last birthday
44. How can we improve the checkout process