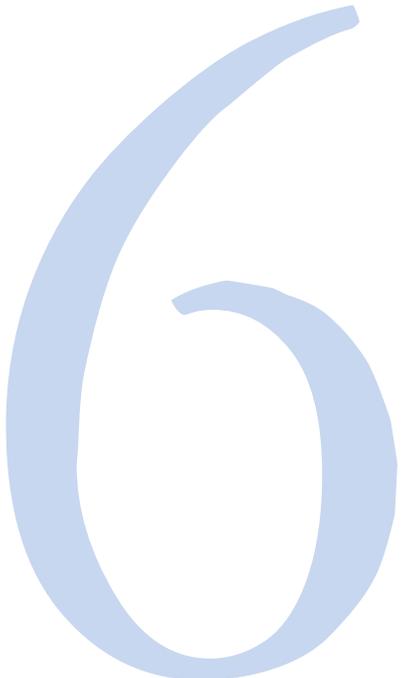




CLER Assessment Tool for GME Program



PS Pathway 1: Reporting of adverse events, close calls (near misses)

Reporting is an important mechanism to identify patient safety vulnerabilities. A robust reporting system is essential for the success of any patient safety program.

Property	Assessment	MVH
Residents, fellows, faculty members, and other clinical staff members (nurses, pharmacists, etc.) know how to report patient safety events at the clinical site.	The focus will be on the proportion of individuals who know how to report.	Residents/Fellows/Faculty have received written education as well as live demonstration on how to file an incident report—April and May 2014
Residents, fellows, faculty members, and other clinical staff members know their roles and responsibilities in reporting patient safety events at the clinical site.	The focus will be on the proportion of individuals who know their roles and responsibilities in reporting.	Residents/Fellow/Faculty have received didactic and written education regarding their roles & responsibilities in reporting. April and May 2014.
Faculty members report patient safety events via the clinical site's preferred system.	The focus will be on the proportion of faculty members who report safety events.	Faculty members have received education on the importance of filing a report as well as 2 mechanisms to do so. MIDAS and DCI Rounds. April 2014- ongoing.
Residents/fellows report patient safety events via the clinical site's preferred system.	The focus will be on the proportion of residents/fellows who report safety events toward the goal of disseminating best practices and lessons learned across nearly all residency programs.	Director of PSQI for GME is in process of requesting the development of a tracking tool in collaboration with Risk Management.
Patient safety events reported by faculty members and residents/fellows are aggregated into the clinical site's central repository for event reporting.	The focus will be on whether safety events, reported via any mechanism (e.g., online, telephone calls, reports to the department chain of command, morbidity and mortality reviews, claims committee), are captured in the site's central repository.	All Incident Reports are filed in MIDAS electronically and tracked at the site and system level.

PS Pathway 2: Education on patient safety

Formal educational activities that create a shared mental model with regard to patient safety-related goals, tools, and techniques are necessary for health care professionals to consistently work in a well-coordinated manner to achieve patient safety goals.

Property	Assessment	MVH
Residents/fellows receive patient safety education that includes information specific to the clinical site.	The focus will be on educational content directly related to the site's processes for ensuring the safety of its patient population, and on progress from basic training received early in the education process to basic training supplemented with periodic, interprofessional/team training educational experiences.	Residency / fellow formal training includes: <ul style="list-style-type: none"> Health Streams online learning modules in PSQI and Patient Experience, LIFE Curriculum, and DCI Rounds Involvement in RCAs and IAs at the site and system level. *Director of PSQI for GME is in process of developing a pre-test and post- test to demonstrate learning and mastery of concepts across the learning continuum.*
Faculty members are proficient in the application of principles and practices of patient safety.	The focus will be on the proportion of faculty members who report to be proficient in the application of principles and practices of patient safety at the clinical site.	Explore method to track faculty competency and any subsequent learning needs.
Residents/fellows are engaged in patient safety educational activities where the clinical site's systems-based challenges are presented, and techniques for designing and implementing system changes are discussed.	The focus will be on the proportion of residents/fellows who are engaged in patient safety educational activities that include the elements described in their content—toward the ultimate goal of learning that is shared across programs.	<ul style="list-style-type: none"> DCI Rounds Didactics Resident participation on committees M&M rounds in residency programs Involvement in RCAs and IA's at the site and system levels.
Residents/fellows and faculty members receive education on the clinical site's proactive risk assessments (e.g., FMEAs/HFMEAs).	The focus will be on the proportion of individuals who receive education on this specific element.	PSQI Director of GME to Discuss with Director of Risk Management, Nancy Lima, June 2014.

The clinical site's patient safety education program is developed collaboratively by patient safety officers, residents/fellows, faculty members, nurses, and other staff members to reflect the clinical site's patient safety reporting processes, risk mitigation systems, experience, and goals.	The focus will be on the inclusion of GME leadership, residents/fellows, and faculty members in the process of developing the clinical site's patient safety education program and its dissemination throughout the organization, including to residents/fellows and faculty members.	Discussion in Process—June 2014
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PS Pathway 3: Culture of safety

A culture of safety requires a preoccupation with identification of vulnerabilities and a willingness to transparently deal with them. To this end, the safety system is perceived as fair and effective in bringing about needed improvements. The organization has formal mechanisms to assess attitudes toward safety and improvement in order to identify areas requiring intervention.

Property	Assessment	MVH
Residents/fellows and faculty members perceive that the clinical site provides a supportive culture for reporting patient safety events.	The focus will be on the extent to which individuals perceive a culture that is supportive of reporting.	<ul style="list-style-type: none"> ▪ ACGME annual residency survey. ▪ All residents and fellows to be included in Premier Health Safety Culture Survey September 2014.
The clinical site has mechanisms to provide emotional support to residents/fellows involved in patient safety events.	The focus will be on the availability of support, and the proportion of residents/fellows who use (or perceive they could use) the mechanisms to access support.	<ul style="list-style-type: none"> ▪ Discussion of "Schwartz Rounds" Implementation began May 2014. ▪ Exploring possibility of beginning a support group facilitated by MSW Fall of 2014.
The clinical site conducts culture of safety surveys with residents/fellows, and faculty and staff members.	The focus will be on the progression from initial conduct of surveys through the analysis of results and implementation of actions to improve the culture.	<ul style="list-style-type: none"> ▪ Residents and fellows to be included in Premier Health Safety Culture Survey September 2014.

PS Pathway 4: Resident/fellow experience in patient safety investigations and follow-up

Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.

Property	Assessment	MVH
Residents/fellows participate as team members in real or simulated interprofessional clinical site-sponsored patient safety investigations (such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions).	The focus will be on the proportion and degree of resident/fellow involvement in site-sponsored investigations.	<ul style="list-style-type: none"> ▪ Opportunity for inclusion in RCAs and IAs at the site and system level. ▪ Required participation in DCI Rounds ▪ Comprehensive PSQI and Patient Experience Curriculum is being developed which will include simulations, observation and feedback, as well as role play and teach back.
Residents/fellows can describe the disposition and actions resulting from the reporting of an event at the clinical site.	The focus will be on identification of processes for providing residents/fellows with feedback on safety reports, and the proportion of individuals who are able to describe the outcomes resulting from reporting an event.	This has been identified as a key priority for exploration and action planning. Owner- Director of PSQI for GME. July 2014 planning is anticipated.
The clinical site provides feedback to residents/fellows on safety event reports and investigations.	The focus will be on dissemination of lessons learned within programs and across the clinical site.	Same as Above.

PS Pathway 5: Clinical site monitoring of resident/fellow engagement in patient safety

Residents/fellows are a vital component to the continual improvement of clinical care to patients; their participation in patient safety activities is essential.

Property	Assessment	MVH
The clinical site monitors resident/fellow reporting of safety events.	The focus will be on the progression from basic tracking of resident/ fellow reporting to keeping the clinical site's governing body apprised of resident/fellow involvement in patient safety events, investigations, and resulting outcomes.	Explore mechanism /process to accomplish this task to begin fall of 2014.
Data from the monitoring process are used to develop and implement actions that improve patient care.	The focus will be on the clinical site's usage of resident/fellow safety reports in developing and implementing improvements in patient safety.	MVH does utilize data reported to implement safety improvements for patient care. A process to extract resident and fellow data from aggregated data has not yet been developed. * Geriatrics residency actively working with emergency medicine and pharmacy to improve the process of med. Reconciliation in the ER. This is a direct result of a compromised patient safety situation that occurred.

PS Pathway 6: Clinical site monitoring of faculty member engagement in patient safety

Faculty members are a vital component to the continual improvement of clinical care to patients; their participation in patient safety activities is essential.

Property	Assessment	Institution
The clinical site monitors faculty member reporting of safety events.	The focus will be on the progression from basic tracking of faculty member reporting to keeping the clinical site's governing body and GMEC apprised of faculty member involvement in patient safety events, investigations, and resulting outcomes.	A mechanism to accomplish this has not yet been developed.
Data from the monitoring process are used to develop and implement actions that improve patient care.	The focus will be on the clinical site's usage of faculty safety reports in developing and implementing improvements in patient safety.	A mechanism to accomplish this has not yet been developed.

PS Pathway 7: Resident/fellow education and experience in disclosure of events

Patient-centered care requires patients to be apprised of clinical situations which affect them. This is an important skill for physicians in residency/fellowship to develop and apply

Property	Assessment	MVH
Residents/fellows receive hands-on training on how patient safety events are disclosed to patients and families at the clinical site.	The focus will be on the proportion of residents/fellows receiving disclosure training, including participation in simulation activities, and whether the clinical site shares examples of best practices throughout the organization.	Most residents report some hands-on instruction has been received. Most residents also report at least having witnessed a patient/family disclosure. A formal curriculum which is being developed will include a module to address this objective.
Residents/fellows are involved in disclosure of patient safety events to patients and families at the clinical site.	The focus will be on the proportion of residents/fellows involved in disclosure of patient safety events.	Same as Above.

HQ Pathway 1: Education on quality improvement

Formal educational activities that create a shared mental model with regard to health care quality-related goals, tools, and techniques are necessary in order for health care professionals to consistently work in a well-coordinated manner to achieve health care quality improvement goals.

Property	Assessment	Institution
Residents/fellows receive progressive education and training on quality improvement that involves experiential learning.	The focus will be on the extent to which residents/fellows receive experiential training in quality improvement that includes consideration of underuse, overuse, and misuse in diagnosis or treatment of patients.	All residency programs require formal education and training in this area.
Residents/fellows and faculty members are engaged in quality improvement educational activities where the clinical site's systems-based challenges are presented, and techniques for designing and implementing systems changes are discussed.	The focus will be on the proportion of individuals who are engaged in quality improvement educational activities that include the above elements in their content.	Geriatrics — Med. Rec. in the ER Surgery — Use of std. surgical checklist as one intervention employed to reduce SSI rate as well as Wrong site wrong surgery, and retention of a foreign object.
Residents/fellows and faculty members are familiar with the clinical site's priorities for quality improvement.	The focus will be on the proportion of individuals familiar with the site's priorities, and the proportion of individuals aware of the site's progress and outcomes.	Education is being provided by the Director of PSQI for GME to all residency programs regarding Premier Health's Data Base and how to access reports, as well as the 2013 Safety and Quality Report and subsequent 2014-2015 strategic plan.
The clinical site's quality improvement education program is developed collaboratively by quality officers, residents/fellows, faculty members, nurses, and other staff members to reflect the clinical site's quality program's experience and goals.	The focus will be on the inclusion of GME leadership, residents/fellows, and faculty members in the process of developing the clinical site's quality education program and its dissemination throughout the organization, including to residents/fellows and faculty members.	Currently being reviewed— May 2014.
Faculty members report that they are proficient in clinical quality improvement.	The focus will be on the proportion of faculty members that report proficiency in clinical quality improvement.	Requiring IHI PSQI Curriculum for all first year residents as well as review of it by faculty has been proposed and is under review.
Residents/fellows are engaged in periodic quality improvement educational activities in which systems-based challenges are highlighted and approaches to designing and implementing system changes are discussed.	The focus will be on the proportion of residents/fellows engaged in quality improvement educational activities around systems-based improvements.	Quality Committee Involvement

HQ Pathway 2: Resident/fellow engagement in quality improvement activities

Experiential learning is essential to developing the ability to identify and institute sustainable systems-based changes to improve patient care.

Property	Assessment	MVH
Residents/fellows are actively involved in the quality improvement activities at the clinical site.	The focus will be on the proportion of residents/fellows that are: actively involved in a quality improvement project at the site; involved in interprofessional teams, focused on measures of resource use, aligned and integrated with the clinical site's priorities; and involved in site-wide initiatives with active oversight by the clinical site's quality improvement leadership.	<ul style="list-style-type: none"> ▪ Resident's involvement in Quality Improvement Committees. ▪ Considering IHI Curriculum as a requirement for all first year residents

HQ Pathway 3: Residents/fellows receive data on quality metrics

Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.

Property	Assessment	MVH
Residents/fellows receive, from the clinical site, specialty-specific data on quality metrics and benchmarks related to their patient populations.	The focus will be on the proportion of residents/fellows receiving patient data, and on the level of data specificity (e.g., aggregated clinical site data versus data specific to a resident's/fellow's patient population).	Not currently being done. This has been a key opportunity area identified to be prioritized for the Director of PSQI GME.

HQ Pathway 4: Resident/fellow engagement in planning for quality improvement

In order to understand quality from a systems-based perspective, it is necessary to be familiar with the entire cycle of quality improvement (QI) from planning through execution and reassessment.

Property	Assessment	MVH
Residents/fellows participate in departmental and clinical site-wide QI committees.	The focus will be on resident/fellow participation on the clinical site's QI committees, from department-level committees to committees of the governing body.	Residents are involved in PSQI committees at the site level.
The clinical site monitors resident/fellow efforts in QI.	The focus will be on basic tracking of resident/fellow involvement in QI, keeping the clinical site's governing body and GMEC apprised of resident/fellow involvement, and developing site-specific strategies to maximize resident participation.	Director of PSQI for GME will develop a plan to address this in 2015.

HQ Pathway 5: Resident/fellow and faculty member education on reducing health care disparities

Formal educational activities that create a shared mental model with regard to health care quality-related goals, tools, and techniques are necessary for health care professionals to consistently work in a well-coordinated manner to achieve a true patient-centered approach that considers the variety of circumstances and needs of individual patients.

Property	Assessment	MVH
Residents/fellows and faculty members receive education on identifying and reducing health care disparities relevant to the patient population served by the clinical site.	The focus will be on the extent to which individuals receive education on the clinical site's priorities and goals for addressing health care disparities in its patient population.	Director of PSQI for GME will develop a plan to address this in 2015.
Residents/fellows and faculty members receive training in cultural competency relevant to the patient population served by the clinical site.	The focus will be on the extent to which individuals receive training in cultural competency relevant to the patient population served by the clinical site.	Director of PSQI for GME will develop a plan to address this in 2015.
Residents/fellows and faculty members know the clinical site's priorities for addressing health care disparities.	The focus will be on the proportion of individuals able to describe the site-specific priorities for addressing health care disparities, and the proportion that are aware of the clinical site's progress in meeting its goals to address the priorities.	Director of PSQI for GME will develop a plan to address this in 2015.

HQ Pathway 6: Resident/fellow engagement in clinical site initiatives to address health care disparities

Experiential learning is essential to developing the ability to identify and institute sustainable systems-based changes to address health care disparities.

Property	Assessment	MVH
Residents/fellows are engaged in QI activities addressing health care disparities for the vulnerable populations served by the clinical site.	The focus will be on the proportion of programs that involve residents/ fellows in QI projects to reduce health care disparities, as well as on assessing whether there is some resident/fellow engagement in clinical site initiatives to address health care disparities, and resident/fellow engagement with the clinical site in defining priorities and strategies to address health care disparities specific to the site's patient population.	Director of PSQI for GME will develop a plan to address this in 2015.

CT Pathway 1: Education on care transitions

Formal educational activities that create a shared mental model with regard to care transitions are necessary in order for residents/ fellows to work in a consistently well-coordinated manner.

Property	Assessment	MVH
Residents/fellows and faculty members know the clinical site's transitions of care policies and procedures.	The focus will be on the degree to which individuals are aware of the clinical site's policies on transitions of care.	<ul style="list-style-type: none"> ▪ Director of PSQI for GME has developed a didactic presentation on Care Transitions. Presentation was delivered to Geriatric Program May 2014. This will be included in the formal safety and quality curriculum being developed and required for all residents. ▪ Care Transition Policy is in place for all residency Programs.(See Binder)
Residents/fellows participate in simulated or real-time interprofessional training on communication to optimize transitions of care at the clinical site.	The focus will be on the proportion of and frequency in which residents/ fellows participate in training as described above.	Care Transition Presentation above includes required role play and teach back exercise.
Faculty members participate in simulated or real-time Interprofessional training on transitions of care at the clinical site.	The focus will be on the proportion of and frequency in which faculty members participate in training as described above.	Care Transition Presentation above includes required role play and teach back exercise.

CT Pathway 2: Resident/fellow engagement in change of duty hand-offs

Standardized, effective, efficient hand-offs are a prerequisite for safe patient care.

Property	Assessment	MVH
Residents/fellows use a common clinical site-based process for change of duty hand-offs.	The focus will be on department use of standardized processes and template tools, and on use of common (clinical site-wide) standardized processes and template tools consistent with setting and type of patient care.	Resident/Fellow Policy governing Hand-offs is in place. (See Policy in binder)
Resident/fellow change of duty hand-offs involve, as appropriate, interprofessional staff members (e.g., nurses) at the clinical site.	The focus will be on the proportion of service areas in which there is interprofessional participation in change of duty hand-offs.	Education about and plan to encourage this process to be developed.
Resident/fellow change-of-duty hand-offs involve, as appropriate, patients and families at the clinical site.	The focus will be on the proportion of departments/programs in which there is patient/family participation in change-of-duty hand-offs.	Unknown at this time.

CT Pathway 3: Resident/fellow and faculty member engagement in patient transfers between services and locations

Standardized, effective, efficient hand-offs are a prerequisite for safe patient care.

Property	Assessment	MVH
Residents/fellows use a standardized direct verbal communication process for patient transfers between services and locations at the clinical site.	The focus will be on the proportion of patient transfers that are based on standardized processes, and the proportion of departments with residency/fellowship programs that use a common (clinical site-wide) template for patient transfers between services and locations.	Many residents verbalize this process is in place. A formal monitoring process has not yet been developed.
Resident/fellow transfers of patients between services and locations at the clinical site involve, as appropriate, interprofessional staff members (e.g., nurses).	The focus will be on the proportion of departments with residency/fellowship programs involving interprofessional participation in patient transfers between services and locations.	Many residents verbalize this process is in place. A formal monitoring process has not yet been developed.
Residents/fellows participate with clinical site leadership in the development of strategies for improving transitions of care.	The focus will be on the involvement of residents/fellows in strategic development to improve transitions of care within the clinical site.	Many residents verbalize this process is in place. A formal monitoring process has not yet been developed.

CT Pathway 4: Faculty member engagement in assessing resident-/fellow-related patient transitions of care

Evaluation through direct observation of residents/fellows by faculty members is required to ensure residents'/fellows' abilities to perform standardized, effective, efficient hand-offs.

Property	Assessment	MVH
Through program-based standardized processes and direct observation, residents/fellows are assessed for their ability to move from direct to indirect faculty member supervision in the conduct of patient transfers at change-of-duty, and in patient transfers between services and locations at the clinical site.	The focus will be on the proportion of programs using standardized faculty member assessment (through simulation or clinical care) to determine resident/fellow readiness to move from direct to indirect supervision during patient transitions in care. This pathway progresses according to the proportion of programs in which faculty members use direct observation to assess residents'/fellows' abilities to conduct change of duty hand-offs and patient transfers between services and locations.	Progress is unknown
Faculty members periodically monitor resident/fellow transfers of patient care at change-of-duty, and resident/fellow transfers of patients between services and locations for quality control at the clinical site.	The focus will be on the proportion of programs that have a quality control process for monitoring residents/fellows during change-of duty hand-offs and patient transfers between services and locations.	Progress is unknown

CT Pathway 5: Resident/fellow and faculty member engagement in communication between primary and consulting teams

Residents/fellows and faculty members demonstrate direct verbal communication practices and identify when and how these should be preferentially employed.

Property	Assessment	MVH
Residents/fellows and faculty members use direct communication in the development of patient care plans among primary and consulting teams.	The focus will be on the proportion of individuals who use direct communication in the development of patient care plans among primary and consulting teams.	All programs report utilizing both verbal and digital communication during hand offs.

CT Pathway 6: Clinical site monitoring of care transitions

Periodic monitoring of care transitions is essential to identifying vulnerabilities and designing and implementing actions to enhance patient care.

Property	Assessment	MVH
The clinical site's leadership monitors transitions of patient care managed by residents/fellows.	The focus will be on the degree to which the clinical site's leadership analyzes, acts on, and puts in place efforts to mitigate risk in response to patient safety reports related to transitions of care managed by residents/fellows.	The site is active and robust with regards to PSQI initiatives. There is an opportunity that exists to extract resident data. Exploration of this process will begin June 2014.
The clinical site's leadership involves program directors in the development and implementation of strategies to improve transitions of care.	The focus will be on the proportion of program directors participating with the clinical site's leadership in the development of strategies to improve patient transitions of care.	Unknown.

S Pathway 1: Education on supervision

Formal educational activities that create a shared mental model with regard to supervision are necessary for residents/fellows to work consistently in a safe manner.

Property	Assessment	MVH
The clinical site educates residents/fellows and faculty members on their expectations for supervision and progressive autonomy throughout the residency/fellowship experience at the clinical site.	The focus will be on the clinical site providing basic education on its expectations for resident/fellow supervision, including use of simulation /team training, and involvement of staff members other than physicians in these educational activities.	<ul style="list-style-type: none"> ▪ Supervision Policy in place- (see binder) ▪ LIFE Curriculum
The clinical site provides education to residents/fellows and faculty members on how to provide effective supervision.	The focus will be on the proportion of individuals taught to provide effective supervision at the clinical site.	Opportunity for Faculty Training in this area is unknown.

S Pathway 2: Resident/fellow perception of the adequacy of supervision

It is important to elicit resident/fellow perceptions as one indicator of the adequacy of supervision.

Property	Assessment	MVH
Residents/fellows perceive that they are receiving adequate supervision at the clinical site.	The focus will be on the proportion of residents/fellows who perceive adequate supervision.	ACGME Resident survey.
Residents/fellows perceive that the clinical site provides a supportive culture for requesting assistance.	The focus will be on the proportion of residents/fellows who perceive a supportive culture for requesting assistance.	<ul style="list-style-type: none"> ▪ ACGME Resident Survey. ▪ Premier Health Safety Culture Survey September 2014.

S Pathway 3: Faculty member perception of the adequacy of resident/fellow supervision

It is important to elicit faculty members' perceptions as one indicator of the adequacy of supervision.

Property	Assessment	MVH
Faculty members and program directors perceive that residents/ fellows receive adequate supervision at the clinical site.	The focus will be on the proportion of faculty members who perceive that residents/fellows receive adequate supervision.	Unknown.
Faculty members perceive that the clinical site provides residents/fellows with a supportive culture for requesting assistance.	The focus will be on the proportion of faculty members who perceive that residents/fellows have a supportive culture for requesting assistance.	Unknown.

S Pathway 4: Roles of clinical staff members other than physicians in resident/fellow supervision

Awareness of and actions to ensure appropriate resident/fellow supervision are essential to patient safety.

Property	Assessment	MVH
Clinical staff members other than physicians are knowledgeable about the clinical site's expectations for supervision and progressive autonomy throughout the residency/fellowship experience.	The focus will be on awareness by clinical staff members other than physicians of general policies related to resident/fellow supervision, and these individuals' awareness and use of written policies and resident-/fellow specific electronic databases for determining level of supervision required.	Unknown.
Clinical staff members other than physicians perceive that the clinical site/ department provides residents/fellows with a supportive culture for requesting assistance from supervising physicians.	The focus will be on the proportion of clinical staff members other than physicians who perceive that residents/ fellows have a supportive culture for requesting assistance.	Unknown.
Clinical staff members other than physicians play an active role in ensuring that the supervision policies and procedures are followed at the clinical site.	The focus will be on the proportion of clinical staff members other than physicians who describe that they will take or have taken an action regarding resident supervision to ensure safe patient care.	Unknown.

S Pathway 5: Patients and families, and GME supervision

For patients and families to participate appropriately in their care-related decisions, they need to be aware of the roles and responsibilities of and have access to the physicians providing their care.

Property	Assessment	MVH
Patients and families are able to identify the names and roles of attending physicians and residents/fellows caring for them at the clinical site.	The focus will be on the progression from assessing whether patients and families receive written information on the names of residents/fellows and attending physicians providing their care, to assessing the proportion of patients and families able to identify the names of these physicians.	<ul style="list-style-type: none"> ▪ Bedside Rounding Tool being implemented by Internal Medicine utilizes pictures, name, and PGY for all rounding doctors each day. This tool is distributed to patients and families daily. ▪ Other residency Programs have been encouraged to adapt and implement the tool as well.
Patients and families perceive that they have adequate contact with the attending physician in charge of their care at the clinical site.	The focus will be on the proportion of patients/families that perceive that they have adequate contact with the attending physician in charge of their care.	HCAHP and Patient Experience Data
Patients and families perceive that they have adequate contact with the resident/fellow team caring for them at the clinical site.	The focus will be on the proportion of patients and families that perceive that they have adequate contact with the resident/fellow team.	Unknown

S Pathway 6: Clinical site monitoring of resident/fellow supervision and workload

Periodic monitoring of resident/fellow supervision and workload is essential to identifying vulnerabilities and designing and implementing actions to enhance patient safety.

Property	Assessment	MVH
The clinical site's leadership monitors resident/fellow supervision and workload with regard to addressing patient safety.	The focus will be on the clinical site having mechanisms in place to assess for patient care vulnerabilities due to resident/fellow workload (including resident/fellow concerns about workload and/or supervision), conducting assessments, and formulating and implementing strategies to mitigate the vulnerabilities.	<ul style="list-style-type: none"> • Duty Hours are Logged • Each residency Program has a cap on patient census per provider. • LIFE Curriculum provides education about workload and fatigue.
The clinical site provides data to physicians and clinical staff members other than physicians specifying the level of supervision required for individual residents/fellows.	The focus will be on the presence of and use of a database that specifies the level of supervision required for a resident to perform in specific patient care situations.	CACTUS Software- Can Access via PH Intranet to search for resident privileges.

DF Pathway 1: Culture of honesty in reporting of duty hours

Prevention of fatigue-related harm to patients can only be accomplished in a culture in which candid reporting of duty hour-/fatigue management-related issues occurs.

Property	Assessment	MVH
Residents/fellows, faculty members, and program directors perceive that there is honest reporting of duty hours at the clinical site.	The focus will be on the proportion of individuals who perceive that there is honest reporting of duty hours.	Unknown.

DF Pathway 2: Resident/fellow and faculty member education on fatigue and burnout

Formal fatigue-management educational activities create a shared mental model necessary for residents/fellows to work consistently in a safe manner.

Property	Assessment	Institution
Residents/fellows and faculty members are aware of general and site specific strategies for managing fatigue and burnout.	The focus will be on the extent to which residents/fellows and faculty members are aware of the clinical site's strategies for managing fatigue and burnout, and the proportion of individuals who receive information on strategies that are specific to the clinical site's service units and high-risk situations.	LIFE Curriculum

DF Pathway 3: Resident/fellow engagement in fatigue management and mitigation

It is important to elicit resident perceptions regarding institutional support of and residents'/fellows' use of fatigue mitigation strategies and tools to enhance quality and safety of patient care.

Property	Assessment	Institution
Residents/fellows believe that the clinical site has a culture that supports fatigue management and mitigation.	The focus will be on the proportion of residents/fellows who perceive a clinical site culture that supports fatigue mitigation.	Unknown
Residents/fellows believe that their program has a culture that supports fatigue management and mitigation.	The focus will be on the proportion of residents/fellows who perceive a resident/fellow culture that supports fatigue mitigation.	Unknown
Residents/fellows have used (or have witnessed colleagues use) fatigue management and mitigation strategies that are available at the clinical site.	The focus will be on the proportion of programs in which residents/ fellows have used or witnessed colleagues use fatigue management and mitigation strategies.	Unknown

DF Pathway 4: Faculty member engagement in fatigue management and mitigation

It is important to elicit faculty member perceptions regarding institutional support and use of fatigue mitigation strategies and tools to enhance quality and safety of patient care.

Property	Assessment	Institution
Faculty members and program directors believe that the clinical site has a culture that supports faculty fatigue management and mitigation.	The focus will be on the proportion of faculty members and program directors who perceive that the clinical site's culture supports faculty fatigue mitigation.	Unknown
Faculty members and program directors exercise non-judgmental triggering of fatigue management and mitigation for residents/fellows at the clinical site.	The focus will be on the proportion of faculty members and program directors who exercise non-judgmental triggering of resident/fellow fatigue management and mitigation strategies.	Unknown
Program directors conduct active surveillance of triggering of resident/fellow fatigue management and mitigation strategies at the clinical site.	The focus will be on the proportion of program directors who conduct active surveillance of triggering of resident/fellow fatigue management and mitigation strategies.	Unknown

DF Pathway 5: Clinical site monitoring of fatigue and burnout

Periodic monitoring of physician fatigue and burnout is essential to identifying vulnerabilities and designing and implementing actions to enhance patient safety.

Property	Assessment	Institution
The clinical site's administrative leadership monitors for resident/fellow and faculty member fatigue and burnout with regard to addressing patient safety.	The focus will be on having mechanisms in place to assess resident/fellow and faculty member fatigue management and wellness (including potential burnout), the periodic conduct of assessments, and formulation and implementation of mitigation strategies to address patient safety.	Unknown

PR Pathway 1: Resident/fellow and faculty member education on professionalism

Formal educational activities are essential to creating a shared mental model of professionalism that contributes to high quality patient care.

Property	Assessment	Institution
Residents/fellows and faculty members receive education about the clinical site's expectations for professionalism, including identifying and responding to specialty-specific risks to patient care.	The focus will be on the extent to which individuals receive education on the clinical site's expectations for professionalism (including such topics as encouragement of good behavior and identifying and reporting poor behavior, such as dishonesty or mistreatment of others), and the proportion of the education that is conducted in an interactive, interprofessional environment and includes identification of specialty specific risks, vulnerabilities, and interventions.	LIFE Curriculum
Residents/fellows and faculty members receive training on policies and procedures regarding appropriate documentation of clinical care in the clinical site's electronic health record and other electronic forms of communication approved by the clinical site.	The focus will be on the extent to which individuals receive training on policies and procedures regarding documentation in the electronic medical record and other forms of communication.	EPIC Training required for all PGY1 before arriving for first shift.

PR Pathway 2: Resident/fellow attitudes, beliefs, and skills related to professionalism

Formal educational activities are essential to creating a shared mental model of professionalism that contributes to high quality patient care.

Property	Assessment	MVH
Residents/fellows perceive that the clinical site provides an environment of professionalism (including authority figure and supervisor role-modeling) that supports honesty and integrity and respectful treatment of others.	The focus will be on the extent to which residents/fellows believe that the clinical site provides an environment of professionalism (including authority figure and supervisor role modeling) that supports honesty and integrity and respectful treatment of others.	ACGME Resident Survey
Residents/fellows are aware of and, if needed, would use the clinical site's process(es) for reporting possible mistreatment.	The focus will be on the proportion of residents/fellows who are aware of and believe they would use the clinical site's process(es) for reporting possible mistreatment.	Unknown
Faculty members and nurses perceive that residents/fellows are aware of and, if needed, would use the clinical site's process(es) for reporting perceived unprofessional behavior.	The focus will be on the proportion of faculty and nursing staff members who perceive that residents/fellows are aware of and would use the clinical site's process(es) for reporting perceived unprofessional behavior.	Unknown
Residents/fellows follow the clinical site's professional guidelines when documenting in the electronic medical record.	The focus will be on the extent to which residents/fellows follow the clinical site's professional guidelines when recording documentation in the electronic medical record, basing documentation on their direct observation or appropriately attributed information of others.	Unknown
Faculty members perceive that residents/fellows follow the clinical site's policies, procedures, and professional guidelines when documenting in the electronic medical record.	The focus will be on the proportion of faculty and nursing staff members who perceive that residents/fellows follow the clinical site's policies, procedures, and professional guidelines when recording documentation in the electronic medical record.	Unknown
Residents/fellows acknowledge the professional responsibility to report unsafe conditions that have required an immediate deviation from usual practice at the clinical site.	The focus will be on the proportion of residents/fellows who acknowledge the professional responsibility to report unsafe conditions that require an immediate deviation from usual practices at the clinical site.	Unknown

PR Pathway 3: Faculty engagement in training on professionalism

Faculty members’ engagement in training on professionalism directly impacts the quality and safety of patient care.

Property	Assessment	Institution
Faculty members are aware of and report that they would use the clinical site’s process(es) for reporting perceived unprofessional behavior.	The focus will be on the extent to which faculty members express that they use or would use the clinical site’s processes for reporting behavior that they perceive to be unprofessional.	
Faculty members follow the clinical site’s policies, procedures, and professional guidelines when documenting in the electronic medical record.	The focus will be on the extent to which faculty members follow the clinical site’s policies procedures and professional guidelines when recording documentation in the electronic medical record, basing documentation on their direct observation or appropriately attributed information of others.	
Program directors and faculty members believe that education efforts around in-service and board examinations occurs without inappropriate use of copyrighted material not available to the public.	The focus will be on the proportion of individuals who believe that copyrighted materials unavailable in the public domain are not used inappropriately when educating residents around in-training and board examinations.	
Faculty members and program directors believe that the majority of residents/ fellows document clinical information based on direct observation or appropriately-attributed information of others.	The focus will be on the proportion of individuals who believe that residents/ fellows document clinical information based on direct observation or by appropriately attributing information to the original source.	
Program directors and faculty members believe that the majority of residents/ fellows are aware of and would use the clinical site’s process for reporting possible mistreatment, and that the clinical site’s process(es) for managing reports on unprofessional behavior are effective.	The focus will be on the proportion of individuals who believe that residents/ fellows are aware of and feel comfortable using the clinical site’s reporting process for possible mistreatment, and on the proportion of individuals who feel that the clinical site’s process for managing these reports is effective.	

PR Pathway 4: Clinical site monitoring of professionalism

Periodic monitoring of physician professionalism is essential to identifying vulnerabilities and designing and implementing actions to enhance patient care.

Property	Assessment	Institution
The clinical site’s leadership periodically assesses the clinical site for the culture of professionalism of the medical staff and residents/fellows.	The focus will be on having mechanisms in place for reporting concerns around professionalism, periodic assessment of concerns and identification of potential vulnerabilities, and the provision of feedback and education related to resulting actions.	
The clinical site monitors documentation practices related to resident/ fellow and faculty member use of the electronic medical record and other sources of personal health information.	The focus will be on monitoring of documentation policies to reactively and proactively analyze data regarding documentation practices.	