CLER Focus Poll

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Safety/Quality Improvement**

1) Have you received training on patient safety?

Yes No

 If yes, please explain the training received

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2) Are you comfortable reporting patient safety issues (medical errors, unsafe conditions and near misses)?

Yes No

 If no, please explain

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3) Please indicate whether you have reported any of the following:

Medical Errors Unsafe Conditions Near Misses

4) If you have reported any of the above, have you received feedback?

Yes No

**Transitions in Care**

5) How effective is the dialogue during hand-offs?

Excellent Above Average Average Below Average Poor

6) How would you rate the relevancy of the information shared during hand-offs?

Excellent Above Average Average Below Average Poor

7) How conducive is the environment for effective hand-offs?

Excellent Above Average Average Below Average Poor

8) How effective is hand-off supervision?

Excellent Above Average Average Below Average Poor

9) If the response to the above questions was average to poor, please explain how the hand-off process can be improved

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**Fatigue Management**

10) How effective are the processes and structures in place to manage fatigue? (Examples: Schedules, Policies).

Excellent Above Average Average Below Average Poor

11) How effective are educational efforts around sleep ad recognizing and preventing fatigue?

Excellent Above Average Average Below Average Poor

12) Are you aware of the services and facilities to reduce and prevent fatigue?

Yes No

 If yes, please rate these services.

Excellent Above Average Average Below Average Poor

13) If you responded average to poor to the above question, please explain how it can be improved

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14) Do you feel comfortable enough to inform the Program Director that you are tired?

Yes No

**Supervision**

15) Do you have access to the resident supervision policy?

Yes No

16) Do you understand the resident supervision policy?

Yes No

 If no, please explain

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17) Is the level of supervision you experience adequate for your level of training?

Yes No

 If no, please explain

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18) Is the level of supervision your peers experience adequate for their level of training?

Yes No

 If no, please explain

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19) Are you aware of what you are privileged to do on the floors with respect to procedure etc.?

Yes No

 If yes, how are you identified as competent to perform these procedures etc?

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**Professionalism**

20) Are attendings professional during rounds?

Yes No

21) Have you received cultural competency training?

Yes No

 If yes, please explain

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