## Clinical Experience and Educational Work, Patient Safety and Learning Environment

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1. Does the program have residents/fellows for the specified year?

Year 1:

Yes

No

Year 2:

Yes

No

Year 3:

Yes

No

2. During regular daytime hours, indicate which of the following back-up systems your program has in place when clinical care needs exceed the residents'/fellows' ability. Check up to 3 options.

Physicians are immediately available (on site)

Physicians are available by phone

Senior Residents or Fellows are immediately available (on site)

Senior Residents or Fellows are available by phone

Mid-level Providers are immediately available (on site)

Mid-level Providers are available by phone

No back-up system

Other(specify below)

3. During nights and weekends, indicate which of the following back-up systems your program has in place when clinical care needs exceed the residents'/fellows' ability. Check up to 3 options.

Physicians are immediately available (on site)

Physicians are available by phone

Senior Residents or Fellows are immediately available (on site)

Senior Residents or Fellows are available by phone

Mid-level Providers are immediately available (on site)

Mid-level Providers are available by phone

No back-up system

Other(specify below)

4. Indicate which methods the program uses to ensure that hand-off processes facilitate both continuity of care and patient safety? Check all that apply.

Hand-off form (a stand alone or part of an electronic medical record system)

Paper hand-off form

Hand-off tutorial (web-based or self-directed)

Scheduled face-to-face handoff meetings

Direct (in person) faculty supervision of hand-off

Indirect (via phone or electronic means) hand-off supervision

Senior resident/fellow supervision of junior residents/fellows

Hand-off education program (lecture-based)

Other(specify below)

5. Indicate the ways that your program educates residents/fellows to recognize the signs of fatigue and sleep deprivation. Check all that apply.

Didactics/Lecture

Computer based learning modules

Grand rounds

Small group seminars or discussion

Simulated patient encounters

On-the-job training

One-on-one experiences with faculty and attending

Other(specify below)

6. Does the program or institution offer options to residents/fellows who may be too fatigued to safely return home?

Yes

No

7. If yes, what are all the options? Check all that apply.

Money for taxi

Money for public transportation

One-way transportation service (such as a dedicated facility bus service)

Transportation service which includes option to return to the hospital or facility the next day

Reliance on other staff or residents/fellows to provide transport

Sleeping rooms available post call

Other(specify below)

8. Are residents/fellows permitted to moonlight?

Yes

No

9. If yes, under what circumstances?

10. On the most demanding rotation, what is the frequency of in house call? If residents/fellows at different levels are given different frequencies of in-house call, please choose the most frequent schedule.

Every second night

Every third night

Every fourth night

No in-house call - Not Applicable

Other(specify below)

11. As program director, I attest that the resident/fellow rotations are scheduled to meet the work week limit of 80 hours.

Yes

No

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