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| ***CT PATHWAY 1: Education on care transitions*** |
| * Residents/fellows and faculty members know the clinical site’s transitions of care policies and procedures.
* Residents/fellows participate in simulated or real-time interprofessional training on communication to optimize transitions of care at the clinical site.
* Faculty members participate in simulated or real-time professional training on transitions of care at the clinical site.
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| ***CT PATHWAY 2: Resident/fellow engagement in change of duty hand-offs*** |
| * Residents/fellows use a common clinical site-based process for change of duty hand-offs.
* Resident/fellow change of duty hand-offs involve, as appropriate interprofessional staff members (e.g., nurses) at the clinical site.
* Resident/fellow change-of-duty handoffs involve, as appropriate, patients and families at the clinical site.
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| ***CT PATHWAY 3: Resident/fellow and faculty member engagement in patient transfers between services and locations*** |
| * Residents/fellows use a standardized direct verbal communication process for patient transfers between services and locations at the clinical site.
* Resident/fellow transfers of patients between services and locations at the clinical site involve, as appropriate, interprofessional staff members.
* Residents/fellows participate with clinical site leadership in the development of strategies for improving transitions of care.
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| ***CT PATHWAY 4: Faculty member engagement in assessing resident/fellow-related patient transitions of care*** |
| * Through program-based standardized processes and direct observation, resident/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.
* 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.
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| ***CT PATHWAY 5: Resident/fellow and faculty member engagement in communication between primary and consulting teams*** |
| * Residents/fellows and faculty members use direct communication in the development of patient care plans among primary and consulting teams.
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| ***CT PATHWAY 6: Clinical site monitoring of care transitions*** |
| * The clinical site’s leadership monitors transitions of patient care managed by residents and fellows.
* The clinical site’s leadership involves program directors in the development and implementation of strategies to improve transitions of care.
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