1. **Alertness & Fatigue**
   - All Faculty and Resident Required Education
     (How does your program provide education and document the following?)
     - A. Fatigue and sleep deprivation - Fatigue mitigation process
     - B. Back-up process to ensure continuity of patient care in the event a resident is unable to perform patient care duties
     - C. Information regarding sleep facilities and/or safe transportation options (hospital specific procedures)

2. **Clinical Responsibilities**
   - Must be based on PGY level, patient safety, resident education, severity and complexity of patient
     - ✓ Include hospital resident Job descriptions (if applicable) with details of PGY level responsibilities

3. **Professionalism, Personal Responsibility & Patient Safety**
   - Demonstrate that program learning objectives are accomplished through an appropriate blend of supervised patient care, clinical teaching, and didactic educational events; and not compromised by excessive reliance on residents to fulfill non-physician service obligations
   - Examples:
     - ✓ transport of patients
     - ✓ duties performed by technologists, aides, transporters, nurses, or other health care workers
     - ✓ routine blood drawing and monitoring of patients when off the ward and awaiting or undergoing procedures, etc.
   - Demonstrate a culture of professionalism that supports patient safety and personal responsibility.
   - Residents and faculty must demonstrate their personal role in:
     - A. assurance of fitness for duty;
     - B. assurance of the safety and welfare of patients entrusted to their care;
     - C. attention to lifelong learning;
     - D. honest and accurate reporting of duty hours, patient outcomes, and clinical experience data;
     - E. monitor patient care performance improvement indicators;
     - F. professional and personal time management;
     - G. provision of patient and family-centered care;
     - H. recognition of impairment, including illness and fatigue in self and others;
     - I. responsiveness to patient needs that supersedes self interest
4. **Quality Improvement**
   - Documentation and tracking of active resident participation in interdisciplinary clinical QI and patient safety projects.
     - ✓ Report outcomes: e.g. M&M quality improvement conferences which send results to hospital QI process with feedback loop.

5. **Supervision**
   - Robust Supervision policy and procedures
     - A. Documentation of the process of communicating to patients, residents and faculty who the responsible attending is for each patient
     - B. Demonstrate and document appropriate levels of supervision for all residents who care for patients
     - C. PD evaluation of resident’s ability (re: progressive responsibility) based on specific criteria guided by national standards-based criteria, if available
     - D. Guidelines when residents must communicate with supervising faculty regarding transfer of patient to ICU or end-of-life decisions;
     - E. Demonstrate residents know limits/scope of authority and the circumstances when they are permitted to act with conditional independence

6. **Teamwork**
   - Demonstrate that residents care for patients in an environment that maximizes effective communication and includes opportunities for residents to be members of effective interdisciplinary teams

7. **Transitions of Care**
   - Schedules designed to minimize the number of transitions in patient care
   - Documented structured hand-over process to facilitate continuity of care and patient safety
     - A. Document how process is taught to residents
     - B. Demonstrate and monitor resident competence in communicating with team members in hand-over processes
     - C. Include information in program manuals and handbooks
   - Documented process of the availability of schedules that inform all members of the health care team of attendings/residents responsible for each patient’s care