

**Background:** Transitions in patient care are critical in providing quality, safe care to the patients that we serve. Duty hour requirements are directly linked to the need to transition patient care. Each training program must ensure that residents and fellows gain the knowledge, skills, and attitudes necessary to ensure that patients safely transition from one provider to another and from one clinical setting to another.

**Procedures:**

1. Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. Each program will develop standardized procedures for transitions in patient care that are used throughout the department or division for the safe transition of patient care between providers and between locations in care; *as are relevant to the specialty*. Each program will design their educational experiences and clinical coverage schedules to minimize patient transitions while complying with duty hour requirements.
2. All residents and fellows will receive education in the elements of safe patient transitions and in the program's procedures for doing so. During annual new resident/fellow orientation, the Designated Institutional Official (DIO) provides general education in safe care patient transitions.
3. Programs must ensure that residents are competent in communicating with team members in transitions in care. Assessment of patient transitions skills of each resident/fellow will be a component of the comprehensive evaluation of each resident/fellow. Therefore, faculty must monitor the patient care transition process at least intermittently to monitor effectiveness of the procedure and be able to assess the resident's/fellow's performance.
4. Programs, in partnership with their sponsoring institution, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. The Graduate Medical Education Council (GMEC) provides oversight and is responsible for monitoring effectiveness of this policy by reviewing annual resident/faculty surveys, program's annual program evaluations (APE), quarterly anonymous resident/fellow surveys, spot checks of resident's/fellow's duty hours recorded in New Innovations software, and data obtained during the primary clinical site Clinical Learning Environment Review visits (CLER).
5. Programs and clinical sites must maintain and communicate schedules of attending physicians and residents currently responsible for care.
6. Each program must ensure continuity of patient care, consistent with the program's policies and procedures in the event that a resident/fellow may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency. These policies must be implemented without fear of negative consequences for the resident who is unable to provide the clinical work.
7. Each program will have a Transitions in Patient Care policy and procedure that outlines its approach to the above expectations.

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