

Lets Be CLEAR about CLER - ACGME Clinical Learning Environment Review (CLER)

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Acronyms

- ACGME: Accreditation Council for Graduate Medical Education
- NAS: Next Accreditation System
- CLER: Clinical Learning Environment Review



Goals & Objectives

- Define and characterize the ACGME Clinical Learning Environment Review (CLER) visit
- Review and Discuss the ACGME goals of the CLER visit and CLER Pathways to Excellence
- Utilize the ACGME Pathways to do an internal assessment and plan for the next CLER visit

ACGME History

1981
*ACGME
created*

2008
*80 & 24
+ 6 hour
limit*

2013
NAS



2000
*Outcome
Project*

2011
*16 hour
& 24 + 4
hour
limit*

Does Training Site Quality Impact Outcomes for Practicing Physicians?

Table 3. Sample Characteristics by Quintile Ranking of Residency Programs for Any Major Complication Among All Deliveries (N= 4 906 169)^a

Characteristics	Residency Program Maternal Complication Rate Quintile				
	High (Q5)	Q4	Q3	Q2	Low (Q1)
Deliveries	(n = 1 217 247)	(n = 930 091)	(n = 973 129)	(n = 703 673)	(n = 1 082 029)
Cesarean	338 784 (27.8)	260 323 (28.0)	287 777 (29.6)	194 909 (27.7)	303 387 (28.0)
Vaginal	878 463 (72.2)	669 768 (72.0)	685 352 (70.4)	508 764 (72.3)	778 642 (72.0)
Physicians	(n = 1030)	(n = 773)	(n = 765)	(n = 633)	(n = 923)
Years of experience, as of 2007, mean (SD)	20.4 (11.8)	21.1 (11.2)	18.8 (10.7)	18.4 (11.4)	18.0 (10.8)
Residency programs	(n = 22)	(n = 21)	(n = 22)	(n = 21)	(n = 21)
Risk-standardized complication rate, mean (SD [range])	10.9 (0.5 [9.8-11.6])	12.0 (0.2 [11.7-12.2])	12.6 (0.2 [12.3-12.7])	13.0 (0.1 [12.8-13.2])	14.0 (0.9 [13.3-16.2])

^aData are presented as No. (%) unless otherwise specified.

Does Quality of Transitions of Care Matter?

Implementation of the I-PASS Handoff Bundle.			
Variable	Before Implementation (N = 5516)	After Implementation (N = 5224)	P Value
	<i>total no. (no./100 admissions)</i>		
Overall medical errors	1349 (24.5)	981 (18.8)	<0.001
Preventable adverse events	261 (4.7)	173 (3.3)	<0.001
Near misses and nonharmful medical errors	1088 (19.7)	808 (15.5)	<0.001
Medical-error subtype			
Errors related to diagnosis (incorrect, delayed, omitted)	184 (3.3)	111 (2.1)	<0.001
Errors related to therapy other than medication or procedure	112 (2.0)	77 (1.5)	0.04
Errors related to history and physical examination	43 (0.8)	0	< 0.001
Other and multifactorial errors	239 (4.3)	106 (2.0)	<0.001
Medication-related errors	660 (12.0)	580 (11.1)	0.28
Procedure-related errors	83 (1.5)	85 (1.6)	0.49
Falls	13 (0.2)	8 (0.2)	0.37

Next Accreditation System (NAS)

10 year program self study

Clinical Learning Environment Review (CLER)

- *Clinical Site Visit q 18mths
- * Integration of residents into patient safety, QI, supervision policies, transitions of care, duty hours, professionalism

Annual Data Reports

- *Board Pass Rates
- *Milestone reports
- *Resident Survey
- *Faculty Survey
- *Data on Structure & resources

Institutional Site Visit

- *Focus on patient safety, QI, care transitions, supervision, responsibility for duty hours, fatigue management, accurate reporting

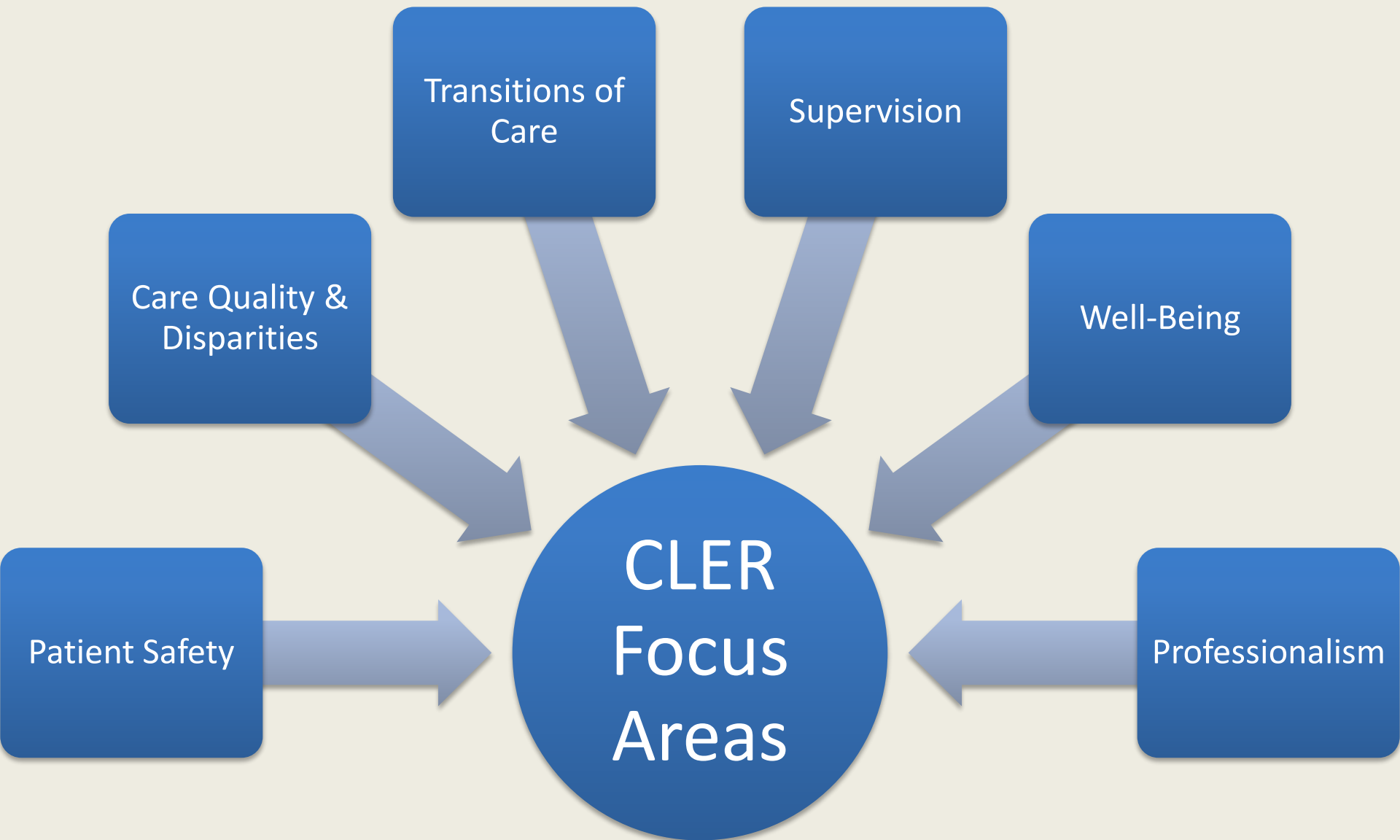
CLER PATHWAYS TO EXCELLENCE

Expectations for an optimal clinical
learning environment to achieve safe
and high quality patient care

Version 1.1



https://www.acgme.org/Portals/0/PDFs/CLER/CLER_Pathways_V1.1_Digital_Final.pdf



CLER Program

5 key questions for each site visit

- Who and what form the hospital/medical center's infrastructure designed to address the six focus areas?
 - How integrated is the GME leadership and faculty in hospital/medical center efforts across the six focus areas?
 - How engaged are the **residents and fellows**?
- How does the hospital/medical center determine the success of its efforts to integrate GME into the six focus areas?
 - What are the areas the hospital/medical center has identified for improvement?



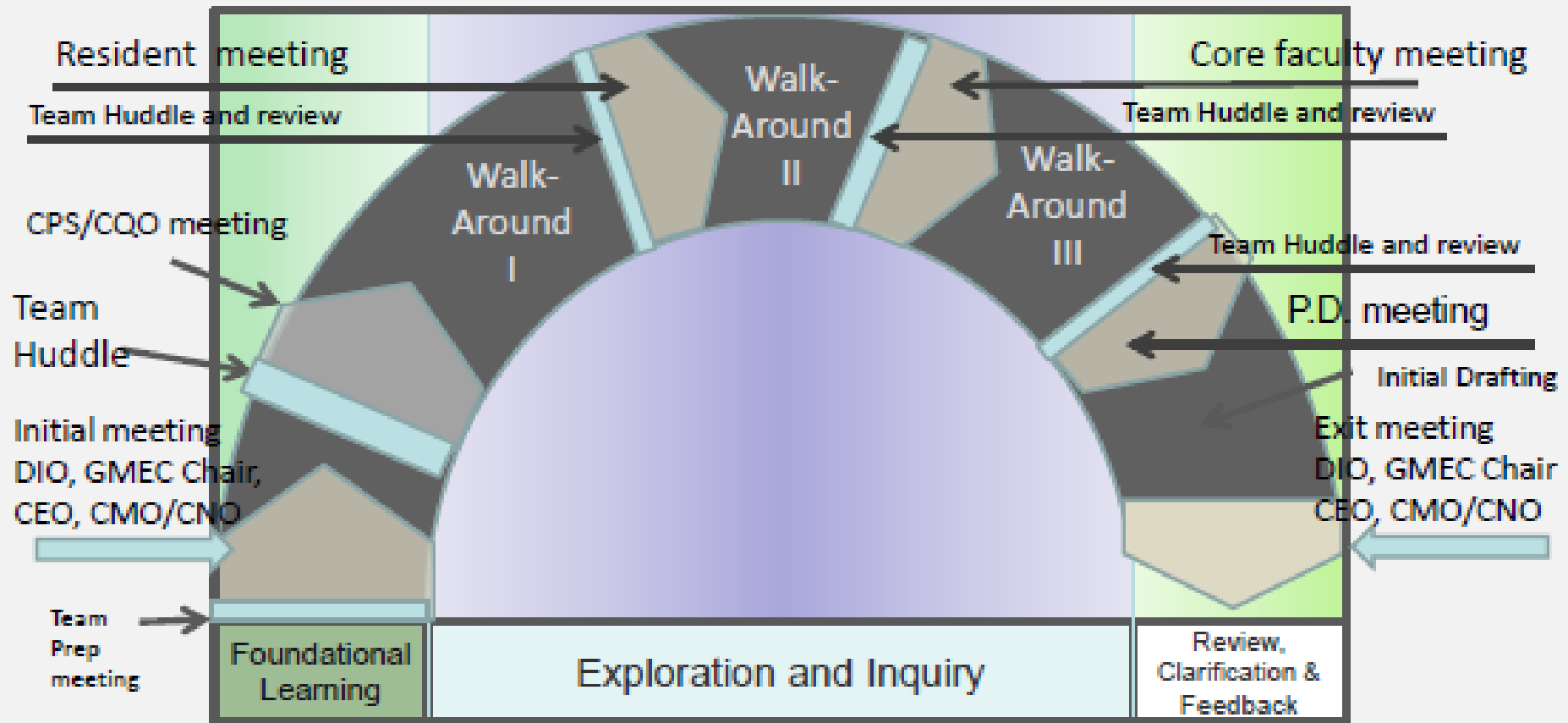
Important Aspects of the Clinical Learning Environment Review (CLER)

- Formative site review of the clinical training site
 - Short notice
 - CEO/DIO need to be present for meetings
 - Only affects accreditation if egregious violation discovered
- Evaluation based on expectations not requirements
- May inform future clinical training site requirements
- Identify opportunities for research

CLER 1.0 Format

- ACGME team of 3 physicians with prior CLER site visit experience
- Agenda
 - Met with C-Suite including Quality Officer
 - Met with residents, faculty, and program directors in small groups
 - Did walk round with residents asking questions and observing hand off processes
- Use of Tracer Methodology to gauge 1) Institutional Infrastructure 2) Leadership and Faculty Engagement 3) Resident engagement

SCHEMATIC OF FLOW OF CLER SITE VISIT

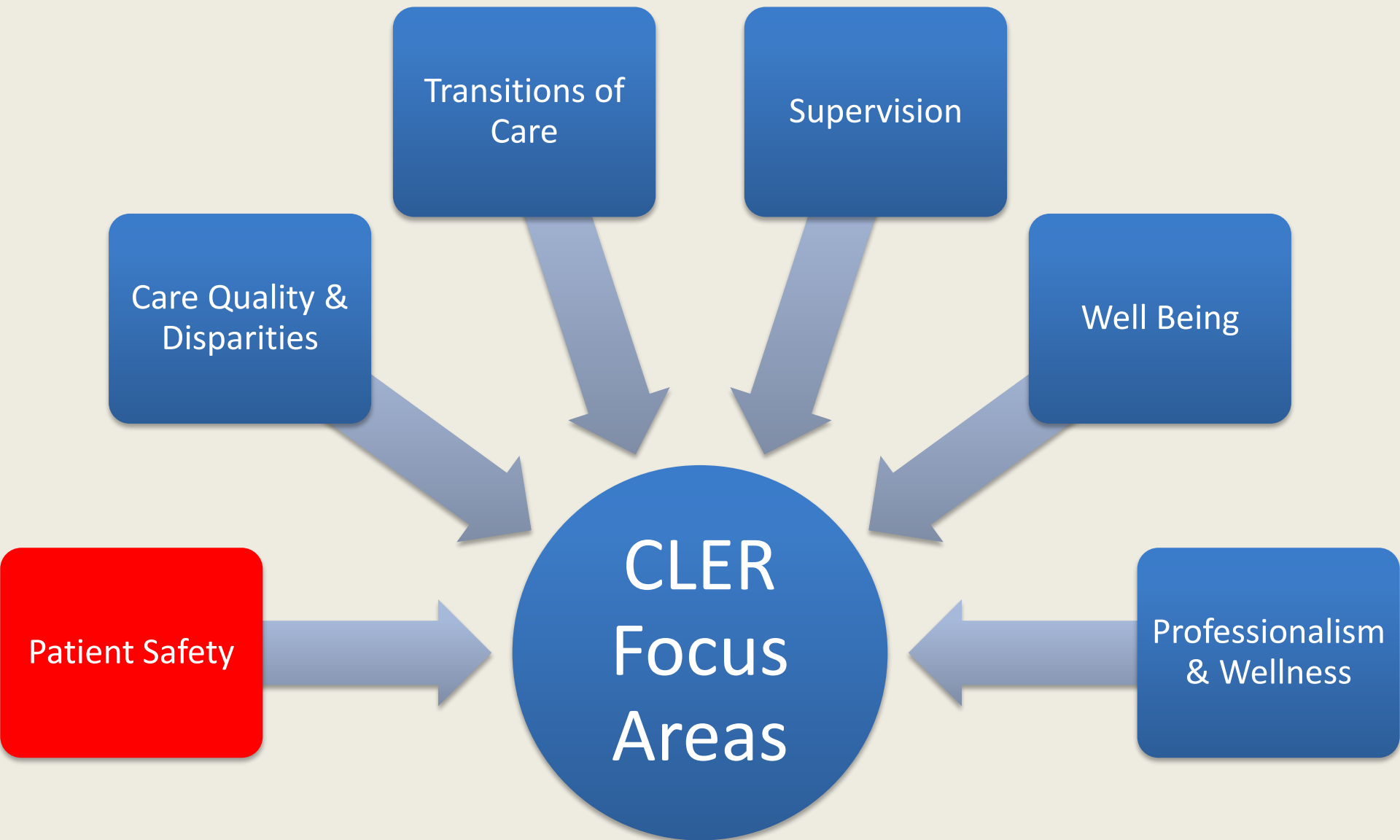


Three phases of Visit

Note: each walk around accompanied by resident host/escort, opportunity for staff (e.g. nurses) and patient contact (future). As yet, uncertain of role of interview with governance interview.

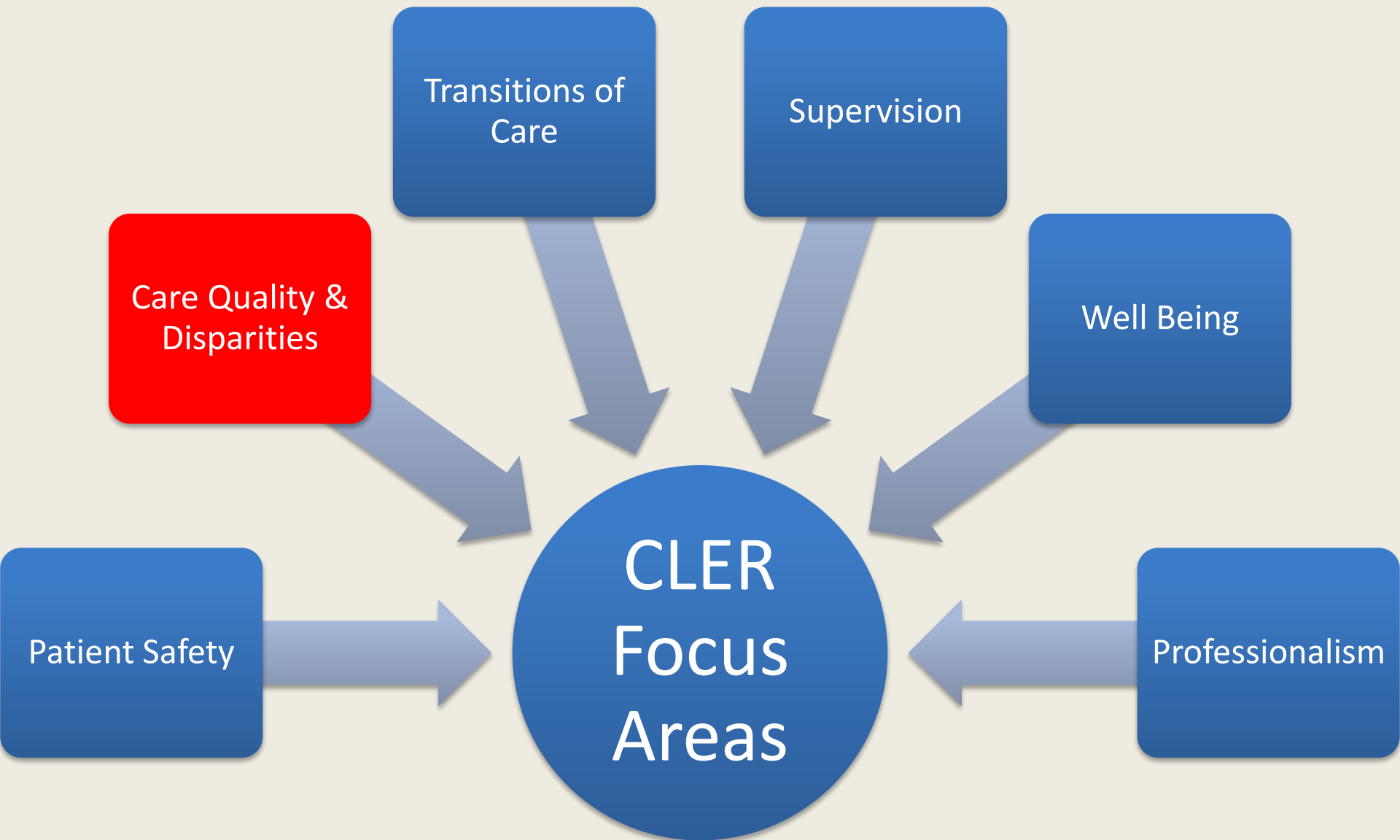
CLER 2.0 + Enhancements

- Operative and Procedural Areas
 - Added sub-protocol for institutions w/greater than 30 programs
 - Additional ACGME visitors that have surgical/anesthesiology backgrounds
 - Meeting with physician leadership of OR
 - Meeting with small group of circulating and scrub nurses
 - Walking rounds in OR
- Well-being
 - Add small group meeting with Wellness Champions/Officers



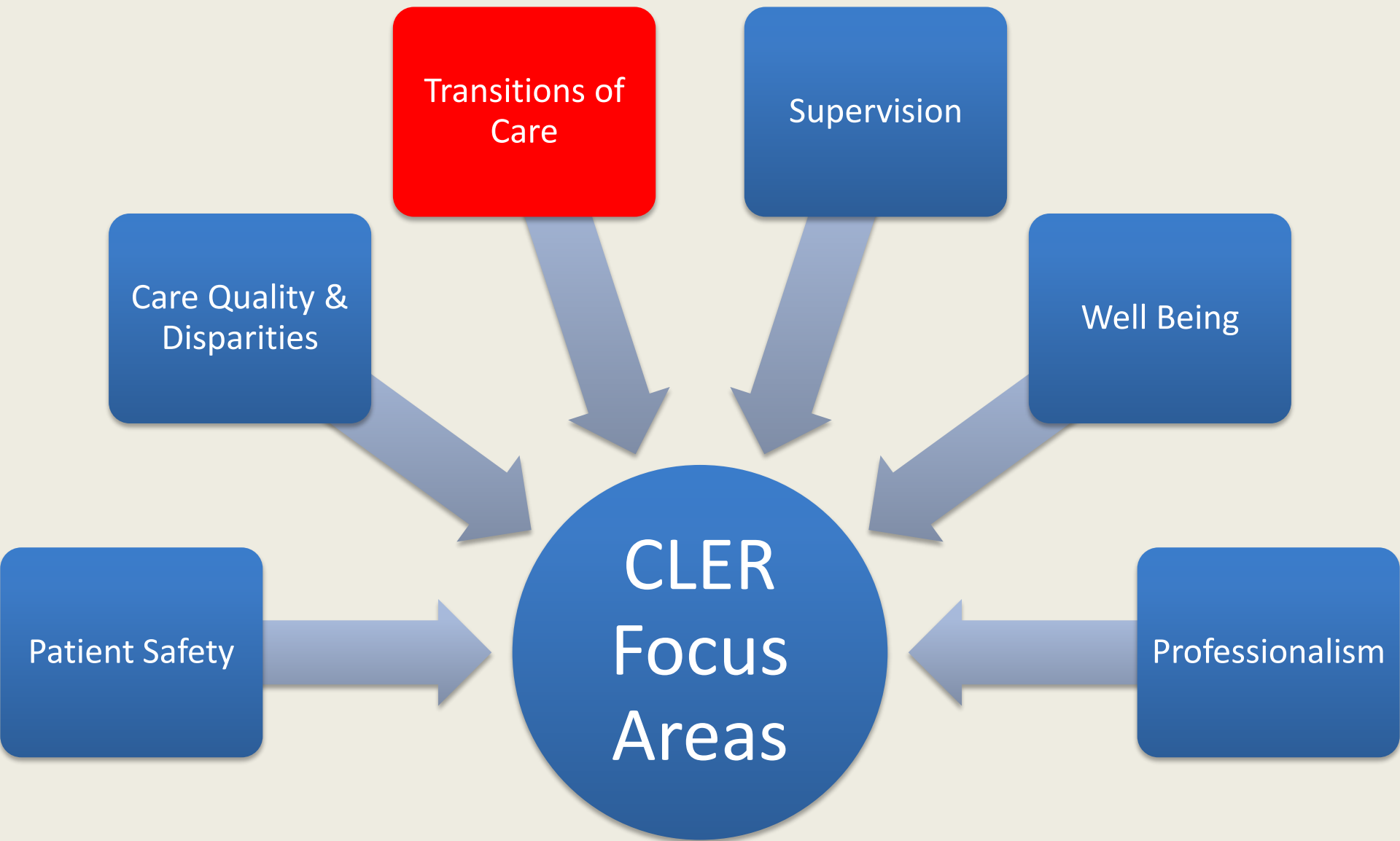
CLER Pathways to Excellence: **Patient Safety**

- Report of adverse events, near misses/close calls, and unsafe conditions
- Education on patient safety
- Culture of safety
- Resident/fellow experience in patient safety investigations and follow-up
- Clinical site monitoring of resident/fellow engagement in patient safety
- Clinical site monitoring of faculty member engagement in patient safety
- Resident/fellow education and experience in disclosure of events



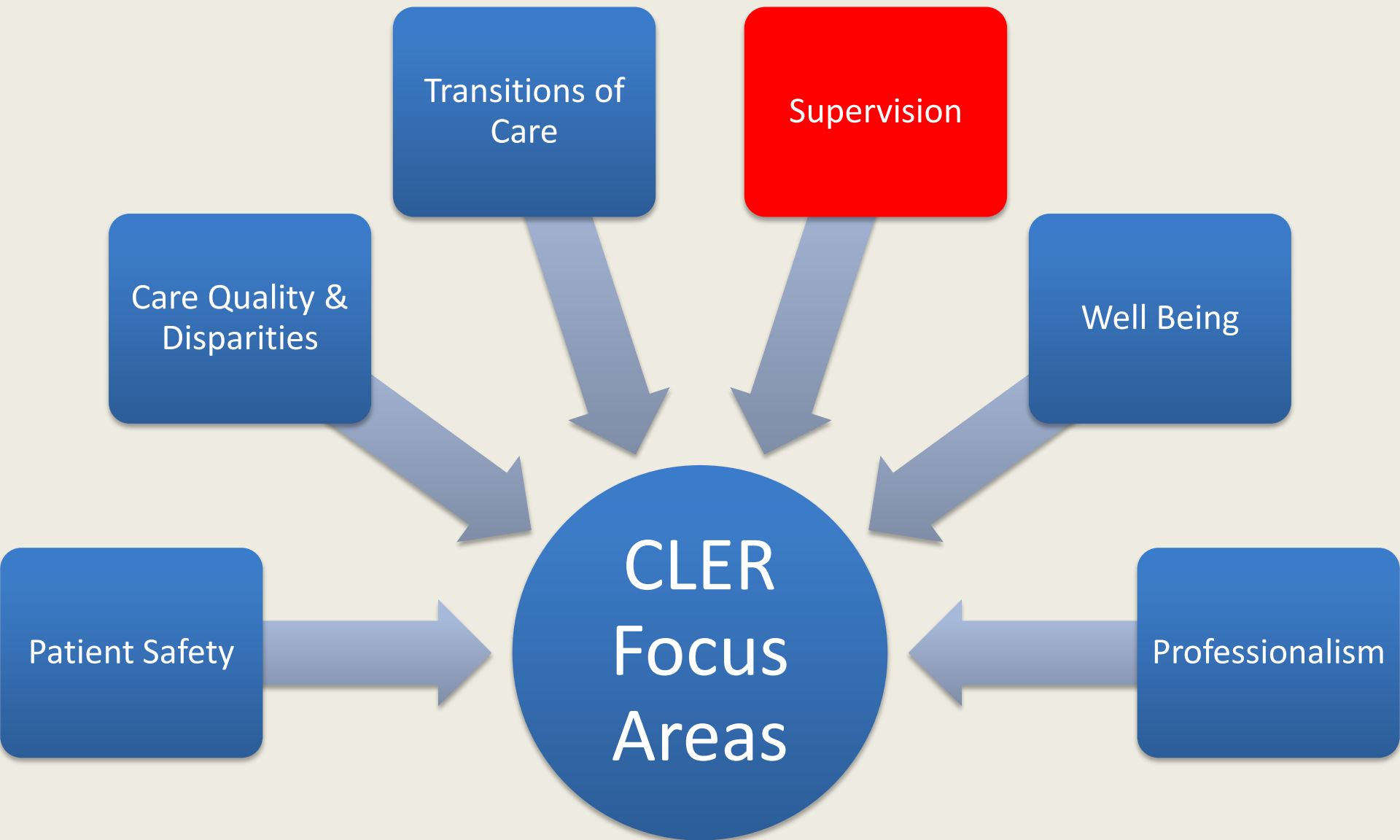
CLER Pathways to Excellence: **Health Care Quality**

- Education on Quality Improvement
- Resident/fellow engagement in quality improvement activities
- Resident/fellows receive data on quality metrics
- Resident/fellow engagement in planning for quality improvement
- Resident/fellow and faculty member education on reducing health care disparities
- Resident/fellow engagement in clinical site initiatives to address health care disparities



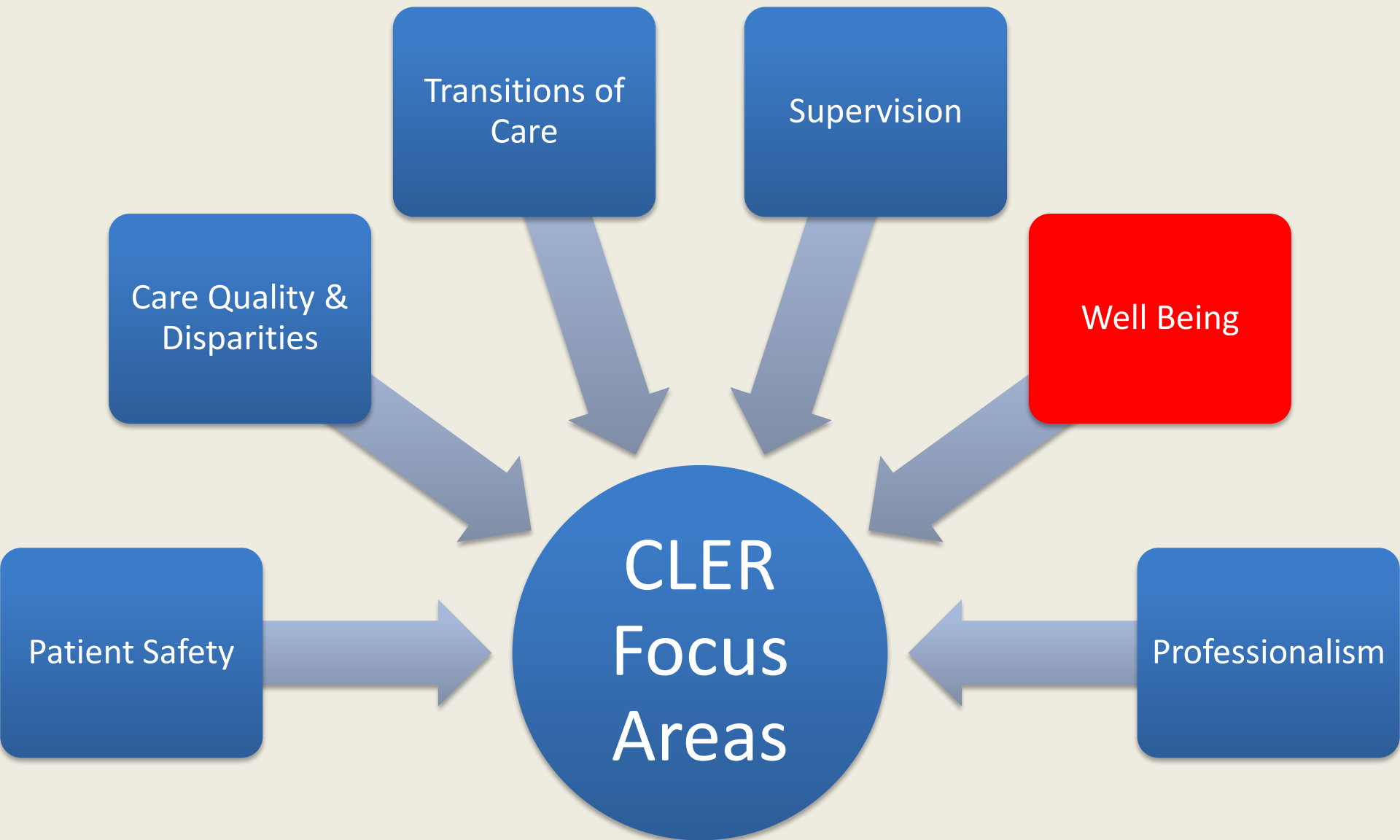
CLER Pathways to Excellence: **Care Transitions**

- Education on care transitions
- Resident/fellow engagement in change of duty hand offs
- Resident/fellow and faculty member engagement in patient transfers between services and locations
- Faculty member engagement in assessing resident/fellow related patient transitions of care
- Resident/fellow and faculty member engagement in communication between primary and consulting teams
- Clinical site monitoring of care transitions



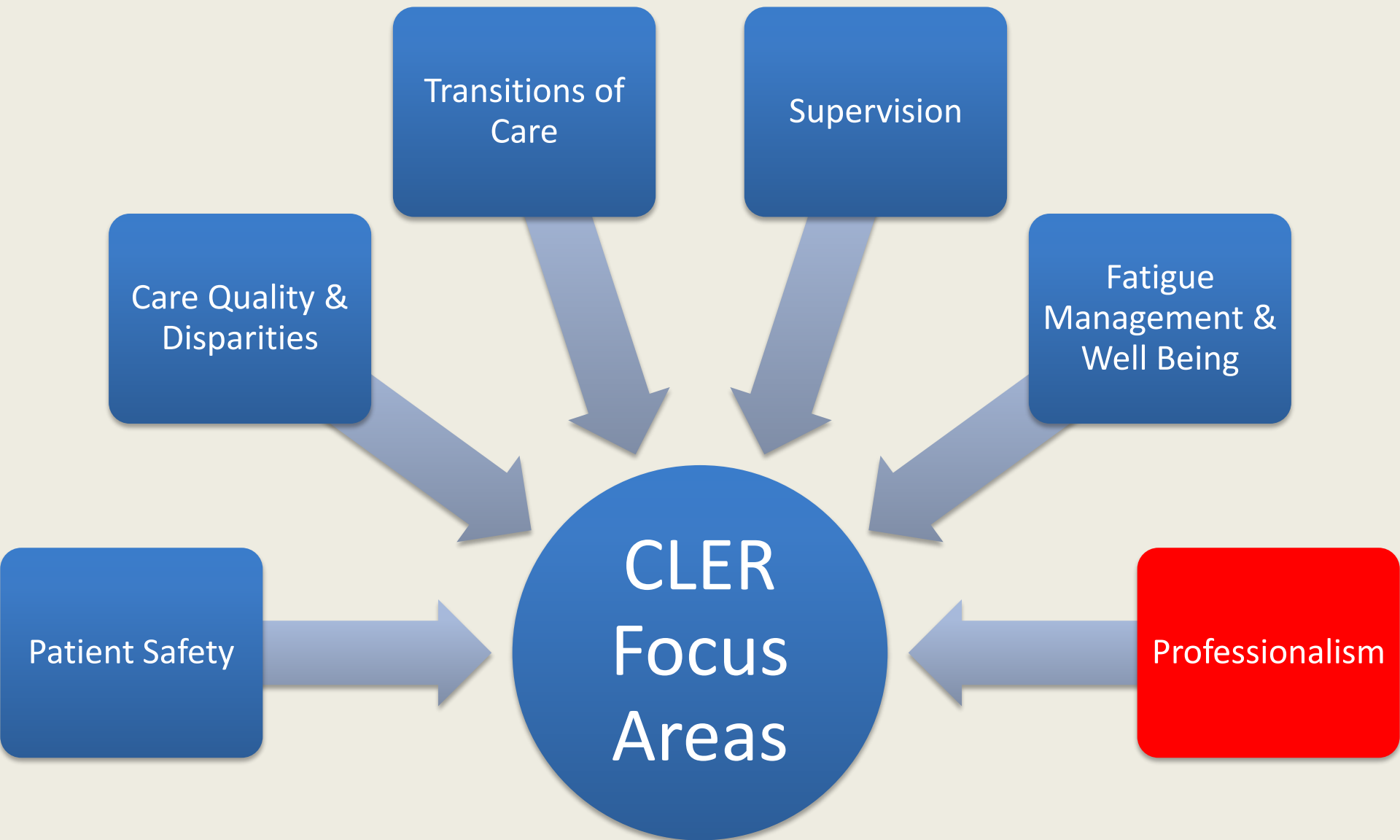
CLER Pathways to Excellence: **Supervision**

- Education on supervision
- Resident/fellow perception of the adequacy of supervision
- Faculty member perception of the adequacy of resident/fellow supervision
- Roles of clinical staff members other than physicians in resident/fellow supervision
- Patients and families know the roles of physician members and have adequate contact with physicians
- Clinical site monitoring of resident/fellow supervision and workload



CLER Pathways to Excellence: **Well Being**

- Learning environment promotes well-being
- Environment demonstrates efforts to promote and maintain well-being
- Environment demonstrates actions to prevent, eliminate, and mitigate barriers to well-being
- Has mechanisms for identification & intervention for individuals at risk for self harm
- Monitors effectiveness at achieving well-being



CLER Pathways to Excellence: **Professionalism**

- Resident/fellow and faculty member education on professionalism
- Resident/fellow attitudes, beliefs, and skills related to professionalism
- Faculty engagement in training on professionalism
- Culture of honesty in reporting
- Clinical site monitoring of professionalism

Break out groups

- Break out into groups
- Pick 2 of the focus areas
- Discuss and share amongst yourselves what your program and what you think GME does to enhance the learning environment in these domains
- Report Out

What now?

- ACGME CLER team will be back for 3rd visit at TGH
 - Expect addition of meeting with wellness leaders
 - Expect operation & procedural competency
 - Focus on improving the learning environment and education of our trainees in the CLER domains

What Now?

- Provide education to all stakeholders
 - Develop CLER champions
- Build a roadmap
 - Assess stakeholders
 - Mock CLER visits
 - Review Handoffs
 - Define action items

Take Home Points

- Leadership & Faculty:
 - Review the ACMGE resources
 - *<https://www.acgme.org/What-We-Do/Initiatives/Clinical-Learning-Environment-Review-CLER/Resources-and-Documents>*
 - Be Leaders, Champions, & Role Models for Patient Safety & Quality Improvement Projects at Affiliate Sites
 - Identify Programmatic Ways to Define, Teach, and Engage Fellows/Residents/Students in the CLER Focus Areas
 - Identify & Pursue Research Topics in the CLER Focus Areas

Take Home Points

- Leadership & Faculty
 - Faculty Development Opportunities

Curriculum	National Meetings	Publications
IHI Leading QI: Essentials for Managers	ACGME annual meeting: CLER focused research	AHRQ patient safety network
American Society for Quality	National IHI meeting	BMJ Quality and Safety
USF Six Sigma Green Belt Certification Program	AAMC Integrating Quality Meeting	Journal of Graduate Medical Education

Take Home Points

- Handouts
 - TGH Goals and Report Card