The Clinical Learning Environment Review (CLER) Program

APPD, Chicago
March 2014
Focus Areas
It Really is About the Residents/Fellows

- Integration of residents into institution’s Patient Safety programs, and demonstration of impact
- Integration of residents into institution’s Quality Improvement programs and efforts to reduce Disparities in Health Care Delivery, and demonstration of impact
- Establishment, implementation, and oversight of Supervision policies
- Oversight of Transitions in Care
- Oversight of Duty Hours Policy, Fatigue Management and Mitigation
- Education and monitoring of Professionalism
CLER Focus Areas

- Supervision
- Professionalism
- Transitions of Care
- Patient Safety
- Duty Hours
- Fatigue Management
- Healthcare Quality
- Healthcare Disparities
Program Components

- Site Visit Program
- Evaluation Committee
- Faculty/Professional Development
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?
CLER Evaluation Process*

Oral Report: end of visit

Written Report: 6-8 weeks after

Optional response to report

In development

National aggregated de-identified data for comparison

* Approved by CLER Evaluation Committee 10/2012
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Information Current through March 31, 2014
Clinical Learning Environment Review (CLER) Program

• First Cycle
  • Alpha testing fall 2012, Beta testing winter 2012 to present
  • Approximately 300 Sponsoring Institutions with multiple programs
  • One participating site per sponsoring institution
  • Used solely for feedback, learning, and establishment of baseline information
    • Exception(s): potential egregious situations
CLER Program Development

• 3 Regional VPs
• 6 of the 9 initial field staff on board
• Ongoing testing of volunteer site visitor program
• Evolving protocol to Beta version 2.0
• Program evaluation in process
CLER Program Development

• Experience:
  • > 2,800 residents
  • > 2,200 faculty
  • > 1,600 program directors
  • > 120 CEO/Exec Directors, their ‘C-suites,’ quality and safety leadership
  • Scores of nurses, other care providers and members of staff
  • Several Deans
Preparing Doctors for 21st Century Practice:

Optimizing the Clinical Learning Environment to Meet the Needs of an Evolving Delivery System

Washington, DC
Monday, January 27, 2014
Improving Clinical Learning Environments for Tomorrow’s Physicians

Thomas J. Nasca, M.D., Kevin B. Weiss, M.D., and James P. Bagian, M.D.

Approximately 2 months ago, I had a patient where I accidently administered a wrong dose of fentanyl during a procedure. The patient developed severe hypotension, and the procedure had to be temporarily halted until we could get her blood pressure back up. My attending was close by; he responded quickly. Ultimately, no harm was done.

The reason I believe this happened is that during a procedure I'm sometimes required to administer fentanyl and must dilute it during the procedure. There are two dilutions, either to directly administer by syringe, or for use as an intravenous drip. We do this dilution while we are monitoring the patient, was told to re-review the approach to dosing fentanyl during procedures and to be more careful.

This experience was reported by a second-year anesthesiology resident, but dozens of similar patient-care experiences have been described to us by residents in various specialties during site visits that the Accreditation Council for Graduate Medical Education (ACGME) has conducted in an effort to improve learning environments in which this country's 117,000 residents and fellows are immersed. Although the formal assessment of the ACGME's first-year experience is not complete, the early findings indicate a generalized lack of resident engagement in a "systems-based practice" of medicine in the clinical environments in which they learn and provide clinical care. Solving this problem, we believe, will require a coordinated and concerted effort by both the leadership of graduate medical education (GME) and the executive leadership and governance of U.S.
Clinical Learning Environment Review (CLER)

CLER Pathways to Excellence

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

Includes national expertise in GME and the six CLER focus areas

Oversight of the CLER site visit process

Synthesizes knowledge gained from CLER site visit

The first product of that synthesis: The CLER Pathways to Excellence
CLER Pathways to Excellence

• Developed by the CLER Evaluation Committee
• Guidance document

• Framework:
  • Six Focus Areas
    • Multiple pathways for each focus area
    • One or more properties for each pathway
CLER Pathways to Excellence

Expert Input

Experience from CLER visits

Published Literature
PS Pathway 1: Reporting of adverse events, close calls (near misses)

Reporting is an important mechanism to identify patient safety vulnerabilities. A robust reporting system is essential for the success of any patient safety program.

**Properties include:**

- Residents, fellows, faculty members, and other clinical staff members (nurses, pharmacists, etc.) know how to report patient safety events at the clinical site.  
  *The focus will be on the proportion of individuals who know how to report.*

- Residents, fellows, faculty members, and other clinical staff members know their roles and responsibilities in reporting patient safety events at the clinical site.  
  *The focus will be on the proportion of individuals who know their roles and responsibilities in reporting.*
CLER Pathways to Excellence

- Will expect to evolve, initially based on expert input, evidence, and early experiences from CLER program; empirically driven over time

- Serves as a basis for comparative feedback and-- when used in aggregate-- provides national measures of progress
CLER Pathways to Excellence

• Will provide an empirically driven set of guidance statements based on what is shown to be possible

• Also will identify areas where changes to standards would be worthwhile
CLER Pathways to Excellence

- Planning and developing resources
  - Working bibliography for the pathways
  - Educational activities (such as the ACGME Annual Education Conference)

- Developing a learning community
  - Collaborating with other national organizations
  - Advancing a community of scholarship
CLER Program

For questions, please contact:

Kevin Weiss, MD
Senior Vice President, Institutional Review
kweiss@acgme.org

Robin Wagner, RN, MHSA
Vice President, CLER
rwagner@acgme.org